FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Thy delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Palith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

115061

TA 77 0 71 777 0	3000 F/20/63	mile.		000	136	
1. PLACE OF DEATH	2. USUAL RESIDENC			stitution: Reside	nce before	
Prince George's MARYLAND	•. STATE Maryla	end.	b. COUNT	Prince	Georg	gets
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. ÇITY OR TOWN (II	outside corporate i				
Cheverly D.O.A.	College Pa	ark	1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS			2 311		RESIDENCE
Prince George's Ganeral Hospital	13 Yuma Str	reet	1			NO -
3. NAME OF First Middle DECEASED	Last	4. DATE OF	Month	Dey	Ye	ar
(Type or print) George Frank All	.en	DEATH	May	23	19	61
7. MARKED NEVER MARKED	. DATE OF BIRTH	9. AGI		F UNDER 1 YEAR		R 24 HRS.
Male White WIDOWER DIVORCED	Oct 20, 1911	74	hirthday) yrs.	Months Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State of	or foreign country)		12. CITIZEN	OF WHAT	COUNTRY
Foreman Construction	North Card	olina		U. S.	. A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME				
Unknown	Unkn	own				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Hyesgive werendetes of service)	INFORMANT		Address			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	GASTRI	713			19. WAS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECRE ATT THE TOTAL TO THE TOTAL TO	ATION Enformation Port	IUER I or Part II of Itam I	8.}		YE PERF	NO 4
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	CE OF INJURY (Home, farm, fory, street, office bidg., etc.)		wn)	(County)		(State)
21. I certify that I took charge of the remains described above, he	ald an Autopsyst,	Inspection .	Inquiry	E, and	in my	opinion
death resulted from: Natural causes . Accident . Suici	ide . Homicide [Undeter	mined ma	nner		
	CHIEF MEDICAL E	XAMINER _				
SIGNATURE James How	ASSISTANT MEDIC	CAL EXAMINER			DATE SI	GNED
EXAMINER'S James I. Boyd	DEPUTY MEDICAL Address (Street, ci	EXAMINER THE STATE OF SOURTY		/23/61		-
22e. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) May 26, 1961 Allen Cemetery	RCREMATORY	Tarheel.	City, town,	or country)	(Sta	ile)
23. FUNERAL DIRECTOR ADDRESS	24a. REC'	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNA	UKE	
W. W. CHAMBERS CO. Riverdale, Mar	AM TAR	25'61	Cirl	hur S. The	AAA AAA	

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AND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEAR CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) COUNTY b. COUNTY a. STATE by the land 2 s KINCE MARYLAND CYY Jeorae - 0- NO b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerasf fown) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) filled in b Pages 1 aurs after AUTE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE 72 hours ON A FARM? YES NO ugenr papers. in 72 hot ely NAMBOF DATE DECEASED OF DEATH (Type or print) 196 pon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED Months Days Hours pue Car WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during nost of working life, even if retired) physician 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? remove A Stele, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please oseb attending 15: WAS DECEASED EVER IN U.S. ARMED FORCES? Then removal, (Yes, no. od unkown) | (If yes give wer or detes of service) the permit. 18. CAUSE OF DEATH (Enter only one Cause per line for (e), (b), and INTERVAL BETWEEN physician. þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed burial-transit DUE TO Conditions, if eny, which peen (b) geve rise to immediate ceuse DUE TO (a), steting the underlying has atte cause lest. certificate ha 0 PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED 0 NO prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) may be retained by the DIRECTOR: After this c 3 should be detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, offica bldg., atc.) While Not While Hour a.m. et work at work 19.69, that (1) (1) last 19 21. I certify that (I) (this hospital) attended the deceased from.......... to. and that death occured and, from the causes and on the date stated above.19 saw the deceased alive on ... DATE SIGNATURE 22a. IGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. TO FUNERAL

director, page 3

be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City, town or agenty) Stete 23e. BURIAL, CREMATION, 234 DATE THEREOF deat PEMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Cirthur S. Krous DATE JUN

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		5893		CERTIFICAT	E OF	DEATH			05	886
1.		nce George		MARYLAND	a. :	STATE M	d.	b. COUN	Prince	Georges
	Accokeek			LENGTH OF STAY IN 1	X	Accokee	k	porata limits, write	RURAL end give	
	d. NAME OF HOSPIT	AL OR INSTITUTION (i	if not in hospital,	giva streat address)	1	STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First	ie ei	Middle IZABETH AT	CHINS	Last N	4. DATE OF DEATE	Month Ma.		Year 19 61
-	remale	White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Apri		897	9. AGE (In years last birthday) 64 yrs.	Months Deys	Hours Min.
13	Housewi FATHER'S NAME	king life, even if relire fe ckeral	Don Don	of Business or Indu:	14. MC	Maryla THER'S MAIDEN Finma ?	nd, Cha	arles Co.		OF WHAT COUNTRY
(Y	PART I. DEATH	yasgive war or dates of s EATH [Enter only ona I WAS CAUSED BY:	causa per line fo	None	Mrs. E		Willett LIVE	Address Accoke	IN	ITERVAL BETWEEN NSET AND DEATH 2 MOS
	Conditions, if any gave rise to immedia (a), stating the uncause last.	ble cause DUE TO (c)	CA.	OF		VIX	PR	IMAR		12 YRS
CERTIFICATION	20a. ACCIDENT WA			E HOW INJURY OCCU		110574			EN IN PARI I(a)	PERFORMED? YES NO
MEDICAL CER	20c. TIME OF INJUI Hour a.m.	MEDICAL EXAMINER) RY Month, Day, Ye 19	While at work	Not While at work	actory, stree	IJURY (Home, fa t, office bldg., et	(c.)	ty or town)	(County)	(State)
		alive onM	A . /) P	the deceased from 1961, and the	nat death	occured at?.	19.60, to			22b, DATE SIGNEI
	22c. PHYSICIAN'S NAME (Type)	PAUL	CHEA	, M.D.	JV1.15'.	ADDRESS	CCOK	EEK,	MD.	31,1961
	e. BURIAL, CREMATIC REMOVAL (Specify) Burial	6-3-61	REOF 23			metery	Acc	okeek, M	aryland	(Stata)
	The Huntt		me. Wald	ADDRESS lorf. Marvl	and	DATE		STRAR 256, REG	ulus S. the	

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FOR STATE HEALTH DEPT TO EXPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to fire tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. He pages 1 and 2 with the State Board of Thealth, or its designated agent, prior to burial, cremation, or removal, and in any eventmentiny 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH H5RER

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission)
	runce (Jearen MARYLAND	a. STATE MANAGE COUNTY
	b. CITY OR TOWN (if outside corpored limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest) town)
Л	write RURAL end give neerest town	1. 00
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Wordlawn 38
-	d. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITEI, GIVE STREET EDGRESS)	d. STREET ADDRESS ON A FARM?
1	4100 00 Plece	7706-68 VICC YES NO W
1	3. NAME OF First Middle	Last 4. DATE Month Day Year OF
	(Type or print) Wille Flanonce	1 DEATH M 28 1961
٦	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 HRS.
	Ferust Whele WIDOWED IN DIVORCED I	1001-31,1876 Rest birthdey) Morths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	7. 5.
	13. FATHER'S NAME	mississippe a.v.e
	IS. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Trank good	Foruse Acott
	15. WAS DECEASED EVER IN U.S. ARMED FOR (ES? 16. SOCIAL SECURITY NO. (Y. I (Yes, no, or unknown) (Ifyesgivaweror detes of service)	NFORMANT Address
-	no no	reph I farnelt same is #2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	culor acardant ONSET AND DEATH
	(4333)	wer were
	DUE TO	0 0 0
	Conditions, if eny, which gever ise to immediate cause	scular rend discost
	(a), steting the undarlying DUE TO	
	cause lest. (c)	
6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CON	PERFORMED? YES NO D
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While factor	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes [2]. Accident [], Suici	de, Homicide, Undetermined manner
		CHIEF MEDICAL EXAMINER
	SIGNATURE AND SOM	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		DEPUTY MEDICAL EXAMINER
	EXAMINER'S NAME (Typa)	Address (Street, city, town, or county) S - 2-9-(0/
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY OR	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Burial June 1, 1961 George Washin	
	23. FUNERAL DIRECTOR ADDRESS	gton Hyattsville, Md. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	65	MAY 31 '61 Cirling & Train
1	F. Gasch's Sons Hyattsville, Md.	DAYE MAY 31 '61 arthur S. Firms

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05889

590	7		CERTIFICA	ATE OF DEATH			05	889	
1. PLACE OF DEATH O. COUNTY Prin	nce George	's	MARYLAND	2. USUAL RESIDENCE (WH		I. If institution b. COUNTY	n: Residence bef		
	ville Md		ENGTH OF STAY IN 16		outside corporate li		RAL ond give no	earest town	.)
OR INSTITUTION _	AL (If not in hospital, in the control of the contr		ss)	d. STREET ADDRESS 2701 Kir	kwood P	lace			FARM?
3. NAME OF DECEASED (Type or print)	Willian		Middle son Barr	Last	4. DATE OF DEATH		23, 196	-/	Yeor
s. sex male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH Nov 24, 1894	las	GE (In years st birthday) GG yrs.	Months Doys	R IF UNDE Hours	Min.
during most of work	DN (Give kind of work ing life, even if retired Lasterer	dane 10b. KIND		DUSTRY 11. BIRTHPLACE IStote	ar foreign country) -	U S	A A	OUNTRY?
13. FATHER'S NAME Mall	non H. Bar	r	E EST	14. MOTHER'S MAIDEN N	elle Ros	3S			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOI (If yes, give war ar dates of	service) 232		informant Evelyn E Barr	W Hy	Addre Attsv:	ille, M	íd.	
Conditions, if or gave rise to in cause (a), stating the lying cause last.	mmediote bue To	Snf	Eltrating	Malancint Cerefillim	Neop	lasm		2/	ms.
ICATIC		EB		UT NOT RELATED TO THE TERMI	4.1 44		N IN PART 1(o)	PERFO	NO
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE		RED. (Enter noture of injury in					
ZOc. TIME OF INJURY Haur a. m. p. m.	Y Month, Day, Ye	While	Y OCCURRED 20e. Not while at wark	PLACE OF INJURY (Home, form factory, street, office bldg., etc	n, 20f. (City or to	own)	(County	()	(Stote)
21. I certify that saw the decease 22a. SIGNATURE	· ·	1) attended t	the deceased from 19 <u>4</u> /, and that	death accurred at 12-1	Wiffram the	23 causes and	19 <i>6</i> /, t d an the dat	te stated	
220 BHYSICIANIS	and W.	Frank	f	M.D. ATTENDING M.DI	ED. ST	AFF IYS.	5/23	161	SIGNED
NAME (Type)		GRA	FFF, M.	D. 2716 K	ukuro	wt	1. W. H	yalto	mille 1.
23g. BURIAL, CREMATIO REMOVAL (Specify)	5/26/6	1 6	LUCENS F	int,	23d. LOCATION	ry. 1	vest	(Stot	e)
24. FUNERAL DIRECTOR'S	La sos	me) fy	ADDRESS Sallsvill	DATE DATE	AY 25 '61		TRAR'S SIGNATI		

a stempt out		a agrand sold of The	
			IVI.
	THE REAL PROPERTY OF THE PARTY		
		A•	
Blot Gart S. 18	man, Departy firm		
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Martin Carlo Street Inc.			
		Truspania modernia	
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	and it with the me the property of		
	Charles and the Article Control of the		
	12 1		
	queenot.	1.3 3	

FOR STATE HEALTH DEPT. It delay is necessary, the funeral director. Page ratained for your files. TO EXPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necephease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to take funeral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages fond 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5902 MEDICAL EXAMINER	CERTIFICA	TE OF DEATH	05890
1. PLACE OF DEATH Item 8 Film G288 6/	12/USUAL RESIDEN		stitution: Residence before admission)
Prince George's MARYLAND	a. STATE Mary	yland b. count	rince George's
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		(If outside corporete limits, write	
write RURAL and give nearest town)			
Clinton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	ville	. IS RESIDENCE
			ON A FARM?
Southern Maryland Medical Center	Box 4113,		
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Yaer
	tson	DEATH May	28, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthdey)	
Male Colored WIDOWED DIVORCED		91/9/ 41 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer General	Maryland		U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
Richard M. Batson	Rosa Hawl	rins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Route # 2ddre B	ov 1314
(Yes, no, or unkown) (Ifyasgiyawarordetasofservice) 218-09-0377 M	rs Ellen Cool	k, Upper Marlb	oro. Md
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]		opper warn	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Henorrhage and SI	noolr		ONSET AND DEATH
0011	.10 Ch.		
DUE TO	e 42 - 7 - 64 - 61	hart and mode	
Conditions, if any, which gave rise to immediate cause	r mie Terr ci	nest and neck	
(a), stating the undarlying DUE TO			
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0): 19. WAS AUTOPSY PERFORMED?
5			YES NOOC
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.		art I or Part II of item 18.)	
PRIMARY Tor CONTRIBUTING Shot during an a	ltercation		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL			(County) (Stete)
norry a.m.	tory, street, office bldg., at	Rosarvville	P. G. Md.
21. I certify that I took charge of the remains described above, he	d of Home	Inspection Inquiry	
	-		
death resulted from: Natural causes , Accident , Suid	ide, Homicide	(MAL)	inter
	CHIEF MEDICAL		
SIGNATURE CANCEL STORY	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
BRANGER T Pound	DEPUTY MEDICA	AL EXAMINER 5/2	9/61.
NAMI (Type) Jemes I. Boyd		city, town, or county)	
220. BURIAL, CREMATION, 26. DATE THEREOF 22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or country) (State)
Burlat 0-1-01 Arlington N		Arlington,	Va.
	ash., D.20 R	C'D BY REGISTRAR 24b. REGIS	
Myrtle K. Rollins 4339 Hunt Pl.,	N.E. DATEMA	AY 31 '61 ant	hun S. Hraus

VS. AISME 5M 9/60

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,5001

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions	
Prince George's MARYLAND	e. STATE Maryland b. COUNTPrin	ce George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL e	nd give nearest town)
Riverdale 3 months	Riverdale	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE
5113 54th Avenue	5113 54th Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Stanley Aloysius	Beall DEATH May	27, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER last birthdey)	
	october 23, 1905 55 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		TIZEN OF WHAT COUNTRY?
Salesman Dry Goods	and the same of th	. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Beall	Carrie V. Chaney	
/V 1/1/	WFORMANT 6148 Shadys	side Ave.,
Yes WW 11 578-05-1894 N	fiss Virginia Beall, Capital He	eights , Md
18. CAUSE OF DEATH [Enter only one cause or line for (e), (b), end (c).]	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TULMONARY E.	dema	ONSET AND DEATH
14223 DUE TO		
Conditions, if eny, which) (b) Hyper Friends	and DILATATION, HEART	
Base use to Immediate cause		
(a), steting the underlying cause last. (c) Muccar Dosis		
	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(e) 19. WAS AUTOPSY
FATTY DEGENERATION OF L	iver	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT FATTY DEGENERATION OF L 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (EF PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ster neture of Injury in Pert I or Pert II of item 18.)	
		unty) (Stete)
Hour e.m. While Not While fecto	ry, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, hel-	d an Autopsy X. Inspection X. Inquiry X.	and in my opinion
death resulted nom: Natural causes , Accident , Suicid		
Accident Land Accident Line Solicity	CHIEF MEDICAL EXAMINER	_
ACTUAL COLUMN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	M.D.	27. 1961
EXAMINEA'S James I. Boyd	Address (Street, city, town, or county)	er, Iyor
20. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR		y) A (Stete)
BREMOVAL (Specify) 5-31-1961 Arlington	Cerneter Orlington	/
23, FUNERAL DIRECTOR	1240 REC'D BY REGISTRAR 248. REGISTRAR'S S	NIGHTURE
W. W. Chambers Con Kinerdal	aurid 0	
	DATEMAY 3.1 '61 Chilling 8.	Through

TC. LEGITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. To it delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VS. AISME 5M 9/60

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TO 12 SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut within 24 hours after	-	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared in by the funeral	plinor	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	5904 CERTIFICAT	E OF DEATH	05892
	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Whara decee	sed lived, If institution, Residence before edmission) b. COUNTY
	Prince George MARYLAND	e. 31AIL	
	b. CITY OR TOWN (if outside corporate limits, yrita RURAL and give nearest town)	c. CITY OR TOWN (If outside corporat	e limits, write RURAL and give neerast town)
	Hyattsville 2 weeks	Washington, D	.c. 41X
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	Hyattsville Convelescent Home	1550 41st. S	. a = vsc vo
	3. NAME OF First Middle	Last 4. DATE	Month Dey Year
	(Type or print) Esther C Beni	OF DEATH	May 20 19 61
		. DATE OF BIRTH 9. A	GE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	E-m-7 - MD-24 - Manager D - Amager D - T	7 4 7 400	st birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	an. 18, 1893 6	0 /
	done during most of working life, even if retired)		
	Retired	Denmark 14. MOTHER'S MAIDEN NAME	USA
	673		
1	Theodobe Kenexh Jorgenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Caroline	Address
/	(Yes, no, or unkown) (Ilyesgivewer or detes of service)		
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	tto Benesh-#2d ab	ove-Son I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a)		- Liveen
	DUE TO		0 00 , 11/2
	Conditions, if any, which gever ise to immediate causa	of whomany lit	Podker 1/2 you
	(e), stating the underlying DUE TO		
	ceuse lest. (c)	V	NEW YORK ALIZOROV
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CO.	PERFORMED?
	CAI		YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of	item 18.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fact et work et work	CE OF INJURY (Home, farm, 20f. (City or tory, straet, office bldg., etc.)	town) (County) (State)
	p.m. 19 et work et work	,	/
	21. I certify that (I) (this hospital) attended the deceased from.	5/25 1961, to	5.13.0 , 196.1., that (I) (we) last
	saw the deceased alive on 5/29 1961, and that	death occured at 25 M, from the	ne causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED.	STAFF 22b. DATE SIGNED
	Harold till Cann	.D. PHYS. DIRECTOR	PHYS. 5/30/61
	22c. PHYSICIAN'S NAME (Type) # A D A D F MACO A A ACC	22d. ADDRESS	11) /12 -11 5 2
	TAROLD FIJACANN	3355-16th/V	WASH. D.C.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATI	ON (City, town or county) (State)
1	Gremation 5/31/61 Cedar Hil	l Suitla	and, Maryland
1	24 FUNERAL DIRECTOR'S SIGNATURE 1 / ADDRESS	25e. REC'D BY REGISTRA	R 25b. REGISTRAR'S SIGNATURE
1	James T. Rvan . Inc . // 1/317 Pa. Ave.	, SE DC 3 ATE JUN 1 '61	2.

Continued to the Contract of t THE MAN AND THE PARTY OF THE PA PRODUCTION DESCRIPTION OF STATE Junes I. Hour, Phys. Act Sec. 141. April 1981 Sec. 201 (1991) Sec. 201 (1991)

FOR STATE HEALTH DEP TO EFOTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. The delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to 16 funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours question.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05893

•	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)
7	Prince George's MARYLAND	* STATE Maryland b. COUNTY Prince George's
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
1	Cheverly D. O. A.	Lanham
d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	Prince George's General Hospital	9136 Lanham Severn Poad YES NO FILE
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
		Sennett DEATH May 21 19 61
1	The state of the s	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDOWED DIVORCED	September 8, 1902 58 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Steam Fitter Construction	North Carolina U. S. A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Washington Bennett	Mammie Harper
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	NFORMANT Address
1	Yes W 11 242-09-2607 Mrs	Mable C. Bennett, same as # 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congesti	ve heart failure ONSET AND DEATH
4	470. / DUE TO	TO ALOUA WALLEY
	Conditions, if any, which \ (b) Coronary art	erv disease
1	geve rise to Immediate cause	
Н	(e), steting the underlying DUE TO	
1	(6)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	E CONTROL CONT	PERFORMED?
4	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED, IE	YES NO TO
Q	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ster nature of Injury In Part I or Part II of item 18.)
1		E OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
1	Hour a.m. While Not While factor p.m. 19 ef work at work	ry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held	d an Autopsy . Inspection . Inquiry . and in my opinion
1	death resulted from: Natural causes Accident Suicident	de . Homicide . Undetermined manner
1		CHIEF MEDICAL EXAMINER
1	ACTUAL OLD OLD STATE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
4	SIGNATURE	_ m.b.
	examiner's fames I. Boyd	Address (Street, city, town, or county)
	22. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) (State)
	Eurlai 5/24/61 Arlington Nati	ional Arlington, Virginia
	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	W.W.Chambers Co. Riverdale, Maryland	DATERAL
-		DATELAY 24 '61 Oxlor & K.

VS. A15ME 5M 9/60

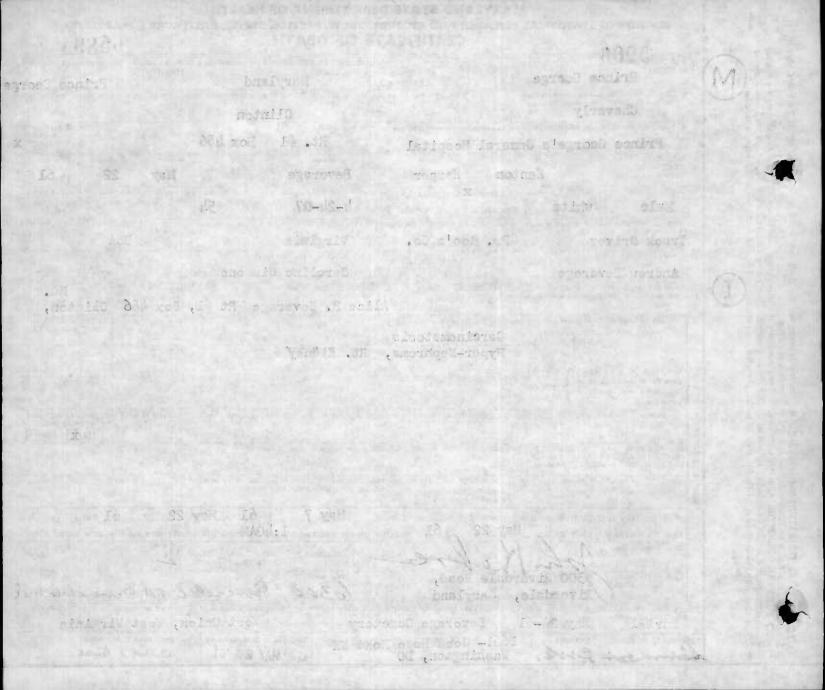
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5894

	16								
1. PLACE OF BEA				2. USUAL RESIDENCE	CE (Whare decee	sed lived, If b, COUI		esidence before	admission)
Pr	ince George		MARYLAND	Maryl	and	D. COO.	***	Prince	Georg
b. CITY OR TOWN	(if outside corporate limits	i,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporat	e limits, writ	e RURAL end		
Ch	everly			Cli	nton		×		
d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hos	pital, give street addrass)	d. STREET ADDRESS					RESIDENCE
	e George's Ge	meral		Rt. #1	Box 48		1	YES	NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont		Dey Ye	
(Type or print)	Ken	iton	Harper	Beverage	DEATH	M	ay :	22 19	61
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1		R 24 HRS.
Male	white	WIDOWE		4-24-07	5	birthday)	Months D	Deys Hours	Min.
done during most of	ATION (Give kind of work working life, even if retired	1)	Geo s Co.	Virginia	ty & Stete, or fore	ign country	12. CITIZ	ZEN OF WHAT	COUNTRY?
Truck Dr 13. FATHER'S NAME	rver	LT.	Geo S CO.	14. MOTHER'S MAIDEN	MANE		00	ın.	
	Beverage			Caroline S	Timmons				
	EVER IN U.S. ARMED FORG			INFORMANT		Addres			Id.
			Al	ice R. Bevera	age Rt 7	+1, Bo	x 486	Clinto	on,
18. CAUSE OF	DEATH Entar only one	cause per l	ine for (e), (b), and (c).)					ONSET AND	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Car	cinomatosis					0110217111	
120	X DUE TO	Hy	er-Nephroma,	Rt. Kidney					
Conditions, if a									
gava rise to imm	ediate ceuse								
(a), stating the	undarlying DUE TO			p				1000	
cousa lost.) (c)_	IONE CON	ATRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERMIN	JAI DISEASE COI	NDITION GI	FM IN DART	1(a) 10 WAS	AUTOPSY
PARI II. OII	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT IN	of RELATED TO THE TERMIN	TAL DISTASE COI	ADITION GI	TEN HATAKI	YES TE	ORMED?
OR CONTRIBUTII	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE). (Enter neture of injury In I	Pert I or Pert II of	item 18.)			
	FY MEDICAL EXAMINER)	1.001	NUMBER OF STREET	ACT OF INITIDY (Uses from	, : 20f. (City or	danum 1	(Coun	the l	(Stete)
20c. TIME OF IN	JURY Month, Day, Yee	While		ACE OF INJURY (Home, ferm tory, street, office bldg., atc.		iown)	(Coun	1177	(21919)
	n. 19	et wor	Bassed Bassed		1				
21. I certify	that (I) (this hospital	al) atten	ded the deceased from.	May 7	19.61 to M	lay22	, 19.5	61 , that (I)	(we) last
saw the dece	eased alive on	Nay 2	22 49 61, and tha	death occured all:	LOAMfrom th	ne causes	and on the	he date stat	ed above.
22e. SIGNATUR		1.	11						b. DATE
	John	17 0	fre,		AED.	STAFF PHYS.	_		SIGNED
22c. PHYSICIAN	15 \$300 Rive	rdale		22d. ADDRESS					
NAME (Ty	Riverdale		arvland	6360-	River	dale	Fel. P.	nerdo	la Ind
220 RIDIAL CREM	ATION, 236. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION)	(Steta)
REMOVAL (Spec	May 24-6		Beverage Cemet		The state of the s			/irgini	
			1		'D BY REGISTRA				
24) FUNERAL DIRECT		TOOT	- Gooder Hope Ro	190 SE			Bithur &		
semmo	A Bros.	Was	hington, DC	DATE N	IAY 23 '61		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

TO OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be existed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

\$ \sum 1000 \text{Form.} Page 4 may be retained by the hospital or attending physician. The physician and completely filled in by the funeral \$ \sum 1000 \text{To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral \$ \sum 0 \text{ director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$ \sigma \text{ be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH KONT Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY be filed MARYLAND Prince George NCE Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) plants LAUREL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION PIO Compton Avenue YES NO NO NAME OF First Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 196 9. AGE (In years 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min. WIDOWED N 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 72 no offending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** NSUFFICIEN Canditians, if any, which gove rise to immediate DUE TO couse (o), stating the under-DSCLEROIS lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY_IHome, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg. etc.) While Not while of work of of work 21. I certify that I attended the deceased from, 196/ that I last saw the deceased and that death accurred at_____ M, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) John R. Buell 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

Columbia Gardens

Cemetery Arlington, Virginia

240. REC'D BY REGISTRAR

DATE MAY 1 8 '61

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

VS A15 (4) 15M 9/55

death. Poge

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

.H. Hines

Burial

18/

Co.

The part of the pa	all and has	E OF DEATH			.nnna
		The Land			No. 4 ig 10 august
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5908

CERTIFICATE OF DEATH

05896

V.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
1	o. COUNTY Prince George MARYLAND	b. COUNTY Prince Geo.								
1	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 18									
	write RURAL and give nearest town) Hyattsville	Hyattsville 63								
1	d. NAME OF HORIMOPPONTATION If not In hospital, give street address)	d. STREET ADDRESSEdmonston . IS RESIDENCE ON A FARM?								
	4500 xisdmond x ton Ave.	4500 Bromondstrom Ave. YES NO.								
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
	(Type or print) MARIETTA	BONACCORSY DEATH May 19 19 61								
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
	White Female WIDOWED DIVORCED	Sept 26,1884 **Shirthdey) Months Days Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewile Home	Italy 11. BIRTHPLACE (County & State, or foreign country) Italy 12. CITIZEN OF WHAT COUNTRY? U.S.A.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Joseph Bonaccorsy	Angeline LaMantia Cala								
4	(Ves as as unharred tillfust singularised data of a set of BT	informant 3615 Larpenter St. S.								
	(Yes, no, quinkown) (Ifyesgivewsfordelesofservice) None	unzio Bonaccorsy Wash., D.C.								
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH								
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Correction (Correction of the Correction of the Corr	Thromposis								
3	44X DUE TO	1///								
	Conditions, if eny, which) (b) Aperter m	e artendocleratec								
	geve rise to immediate ceuse (a), steting the underlying DUE TO									
	cause lest. (c) Herry & brof my quarter									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
		YES NO								
7	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)									
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. F While Not While p.m. 19 et work et work	1								
1	21. I certify that (I) (this hospital) attended the deceased from	n une 6, 180, to May 19, 18d, that (1) (we) last								
	saw the deceased alive on 5-19 19 1, and the	and death occured and D.M. from the causes and on the date stated above								
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE								
	Deorgestagenge	M.D. PHYS. DIRECTOR PHYS. 5-19-61								
	22c. PHYSICIAN'S Acouge J. Hage age	3717-38 PL Aug Costage City Md								
-1	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER									
V	Buria (Pocify) May 23,1961 - Ft Lin	coln Colmar Manoe, Md.								
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Wash 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
1	Lee Funeral Home 300-4th St. N	. E. D. C. DATEY 23 '61 Cally & Krous								

THE PROPERTY OF THE The second secon Kall and the total state of the . I'm as text nout as to Ma Dept 26,1884 - 76 Ttaly No No Lone, Julie Lymphodrer Con. 1.41. The Think and the transport of the property of the country and the count The Pineral Thome Typ-Dyl Bt. D. 1.7. May 22 Mg

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15897

	CE OF DEAT	Н			- 1	2. USUAL RESIDEN	ICE (Where de		institution: Resid		
		Georges		MARYLA	ND	a. STATE		b. COUN			
ь. С	TY OR TOWN	(if outsida corporata lin d giva naarast town)	nits,	c. LENGTH OF STAY		c. CITY OR TOWN ((If outside corp		e RURAL and giv		wn)
	rerdale			6 days		Laurel					
d. N	AME OF HOSP			pital, giva street addrass)	d. STREET ADDRESS					RESIDENCE A FARM?
Le]	and Mer	norial Hosp	•			The Rt.#2	Box 12	2		YES	NO X
DEC	ME OF !EASED o or print}	Thomas A.	1	Middle Bowser		Last	4. DATE OF DEATH	May 27	h Da	y Ya	67
5. SEX					- 1 0	DATE OF BIRTH			IF UNDER 1 YEA		R 24 HRS.
J. JLA	Male	white	7. MARRIE	D NEVER MARRIED [- 4	/23/74	9	last birthday)	Months Days		Min.
IOa. US	UAL OCCUPA	TION (Giva kind of wo	rk 1Db. K	IND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
re	tired	orking life, even if ratio	rad}			Minn.			U.S.A		
	HER'S NAME	D				14. MOTHER'S MAIDEN					
	Thomas	Dowser				Ellen R	yan				
		VER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. 17	NFORMANT		Addrass		agent - ag	
133, 110	, or unkown)	(11) 03 3 1 4 0 Mai (11 (1818) (1	361 VICE)		Mr	s.Mary Ahlqu	uist	sam	8		
18.	CAUSE OF	DEATH [Enter only on	a cause per l	ine for (e), (b), and (c).)		<				NTERVAL BE	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Arteriosclerotic heart disease									DEATH	
100	417 1-1	IMMEDIATE CAUSE (a	1.00	rigenin	, ce	faceus			-		
	7201	DUE TO	2	7 -	, -/	1 1	1	1 4			
	nditions, if an		Ch	resions	cl	erolie k	rath o	deseare			
	e rise to imma- , stating the		0								
	se last.	J (e	-1								
5	CINEMIO YES NO .										
OP.	20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Ds. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) Hour e.m. While Not While at work at work at work at work											
21.	21. I certify that (I) (this hospital) attended the deceased from 5 2/ 1941, to 5 - 27, 1961, that (I) (we) last										
	saw the deceased alive on 5.2 6. 1961, and that death occurred at 11.2 M, from the causes and on the date stated above										
	22e. SIGNATURE										b. DATE
	D	R. R.	erd	ie	M.I	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
220	. PHYSICIAN': NAME (Type		UKD	18		22d. ADDRESS					
	IRIAL, CREMA	TION, 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY C	OR CREMATORY	23d. LOC.	ATION (City, to	wn or county)	, (Stata)
V	Burg	1 May 3	11961	Ussum	bly	in Cemelto	J Bell	e Hais	re Mir	mesa	la
24 FUN	ERAL DIRECTO	R'SISIGNATURE	H	ADDRESS	4	1	E'D BY REGIS		GISTRAR'S SIGN		
10	7/1/1	x Manage	THU V	inout Il	W	DATE "	JUN Z	'61	Contrari D.		

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phonia within 24 hours after TO ESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exactly within 24 hours death Page 4 may be retained by the hospital or attending physician.

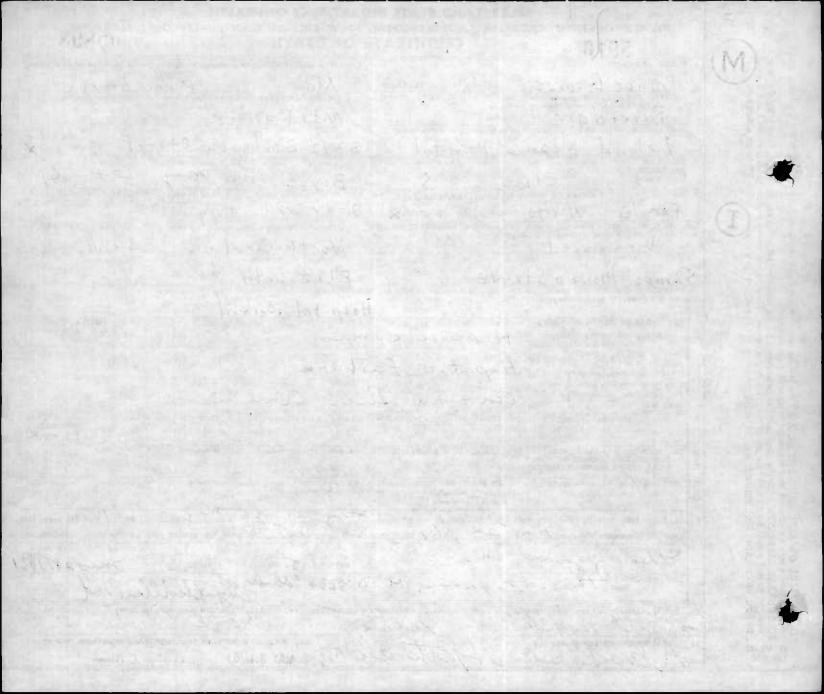
Z death Page 4 may be retained by the hospital or attending physician.

Z TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 in the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
o. COUNTY Prince Corne MARYLAND	a. STATE
b. CITY OR TOWN, (if outside corposete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
weile RURAL and give nearest town)	to the form the first the
Kiverdale.	Mti Kainer
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
6 Leland Memorial Hospital	33/2 Buchanan Street VES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) Elise Si	BOYCE DEATH 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED &	7-26 1711 49 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Unemployed	North Carolina Visiti
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Alonza Stave	Elizabeth?
	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordatesofsarvice)	1
	Mospital Record
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Hepatic co	ma
581.0 DUE TO 11 - + - C-	
Conditions, if any, which) Hepatic fa	. (Pure
gave rise to immediate cause	
(a), stelling the underlying	ver Circhous
cause last. (c)	THE REPORT OF THE PARTY OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
ZATI	YES NO N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THE THER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
0	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. yhile Not While at work at work	,
	may 21 10/1. may 106/11/11/11
21. I certify that (I) (this hospital) attended the deceased from.	may 2 (, 196) to may , 196, that (1) (we) last
saw the deceased alive on may 19.6.1, and that	death occured at
22a. SIGNATURE	22b. DATE
Theo. Zegarray M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. May 2 P. 196
22c. PHYSICIAN'S	
NAME (Type) Theo. Zegarra, M.	D. 22d APPRESS oliver st The Man
	Agallerico 1119
230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION/City, town or county (Stata)
(REMOVAL (Specify) Mey 31,196/ Man	et 1 north Carolina
CANADA MARIO	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Varh A
1 Susels Dens Harrier	DATMAY 31 61 Circhun S. France



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5911 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL/and, give nearest town) shauld d. NAME OF HOSPITAL (IF not in hospital, give street address d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NO NAME OF Middle 4. DATE Year DECEASED (Type or print) 196 AGE (In years lost birthday) 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [10a. USUAL OCCUPATION (Give kind of work dene 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? luring most of working life pron if retired IRED 13. FATHER'S NAME IS. WAS DECEASED EVER S. ARMED FORCES? INFORMANT 72 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO OCCLUSION P HIT. Conditions, if ony, which gove rise to immediate DUE TO 5 couse (o), stoling the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while of work at work 21. I certify that I attended the deceased from 1961_,that I last saw the deceased 1030 p.M. from the causes and on the date stated above and that death occurred at ADDRESS (Street, city or town DATE SIGNED 3 should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial May 26. Cedar Hill Cemetery Suitland Maryland

ADDRESS

Riverdale.

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR1

DATE

Maryland

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

W. W. CHAMBERS CO. .

death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad livad, If institution: Residence bafore edmission) a. COUNTY e. STATE b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) by write RURAL and give neerast town) .= -Riverdale Il days College Park filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Eugene Leland Memorial Hospital YES NO TO Dartmouth Avenue 3. NAME OF First 4. DATE Month Year DECEASED OF (Type or print) MITTION WINFIELD BROCK DEATH 26 19 67 May pon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and last birthdey) Months Devs Hours Min. carl Male White Feb. 10. 1890 WIDOWED [DIVORCED physician IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Self-employed Real Estate Broker Annapolis. Maryland United States 13. FATHER'S NAME MOTHER'S MAIDEN NAME please aftending Charles W. Brock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN hen Address (Yes, no, or unkown) | (If yas give we ror detes of service 200 050 the 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) rascular! DUF TO Conditions, if any, which burial-tr (b) gava rise to immediate cause DUE TO (a), steting the undarlying has ceuse lest. bur certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital as to PERFORMED? NO C YES use 0 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) d OR CONTRIBUTING CAUSE OF DEATH for the After this 2 Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 2Df. (City or town) (County) (Stete) Not While factory, street, office bldg., atc.) While Hour a.m. et work et work p.m DIRECTOR: 26, 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on./. 196/ ., and that death occured at ... A.M., from the causes and on the date stated above. 22e. SIGNATURI ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed 23e. BURIAL, CREMATION, OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) DATEMAY 3 1 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 Film G287 5/22/61 mh CERTIFICATE OF DEATH 5913 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Prince Georges County Philippinges erol b. CITY OR TOWN (If autside corporate limits, write C. CENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) Washington 28 should Suitland Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 7829 Nimitz Dr. YES NO F Suitland Nursing Home-4450-Whit 3. NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH JAMES BROOKS 19 May 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED T WIDOWED papers. MAT.E yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Railroad Railroad Shop Worker OWES KENTUCKY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOE BROOKS DORA WADE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Daughter) Campbell 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from 1000 19 ____, that I last saw the deceased and that deoth occurred at/ M, from the couses and on the dote stoted above. det DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town/gr county)

ADDRESS

Home

Wash. D. C

240. REC'D BY REGISTRAR

DATE AY 1 8 '61

24b. REGISTRAR'S SIGNATURE

Circhia S. Through

death.

23. FUNERAL DIRECTOR'S SIGNATURE

Funeral

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH	Prince Ge	orge's (CERTIFIC	ATE OF DEATH			Reg. Dist. I	N6.5903
Takoma P	6723 New L	amsphire atgosery	AVO MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. b.	If institution	Residence b	perore odmission)
b. CITY OR TOWN RURAL ond give Takoma P	(If outside corporate limineorest town)	its, write c. LE	NGTH OF STAY IN 16	6723 New L Takoma	rtside corporate limi emsphire Park Md	AVO	RAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION			d. STREET ADDRESS 6723 Newlamsphire Ave Takoma Parkes No [
3. NAME OF DECEASED (Type or print)	Florence	rst C	Middle	Brown	4. DATE OF DEATH MA	y 16,		Day Year
s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED A	8. DATE OF BIRTH June 4, 1875	9. AGE		Months Da	ys Hours M
Oa. USUAL OCCUPAT during most of we	FION (Give kind of work orking life, even if retired	done 10b. KIND		USTRY 11. 8IRTHPLACE (Stote of Maryland	or foreign country)		12. CITIZEN	OF WHAT COUN
3. FATHER'S NAME	T Brown			14. MOTHER'S MAIDEN N	Jones	hi, s		
15. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give war or dates of s			informant iss Grace Brown		Addre SA MI		
Conditions, if gove rise to	immediate (Chile	wo se	Anten h	leent .	lisa	nec	20 Jr.
gove rise to cause (o), stotin lying cause los	ony, which immediate DUE TO	Chh	IBUTING TO DEATH BL	Andra A	Rent o	List DITION GIVE	N IN PART 1(d	PERFORMED
gove rise to cause (o), stotin lying cause los	ony, which immediate g the under: t. (c) ITHER SIGNIFICANT CON WAS UNDERLYING HG CAUSE OF DEATH	Collections Contra		UT NOT RELATED TO THE TERMIN	West .		N IN PART 1(d	20 pr
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o. STATE Mary 1 c. CITY OR TOWN (I Westwo d. STREET ADDRESS Last Brown 8. DATE OF BIRTH 23 Aug 1883	4. DATE Month OF DEATH MAY 9. AGE (In years lest birthdey) 77 yrs.	Prince George end give neerest town) o. IS, RESIDEN ON A FAR YES NO Dey Yeer 7 19 61 PER 1 YEAR IF UNDER 24 HI
c. CITY OR TOWN (I) Westwo d. STREET ADDRESS Last Brown 8. DATE OF BIRTH 23 Aug 1883	4. DATE Month OF DEATH May 9. AGE (In years list birthdey) 77 yrs.	end give neerest town) e. IS, RESIDEN ON A FAR YES NO Dey Yeer 7 19 61 IER 1 YEAR IF UNDER 24 HI 5 Days Min
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8. DATE OF BIRTH 23 Aug 1883	9. AGE (In years left UND last birthdey) Month 77 yrs.	ER 1 YEAR IF UNDER 24 H s Days Hours Min
	Yrs.	
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1 14 MOTHER'S MAIDEN	NAME	
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INFORMANT	1 Insney	
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m HPTIL LO	1001, to May 7	19.61 that (I) (we)
		22b. DA
		5-7-6/910
22d. ADDRESS 3	717 38th Ave.,	
Co	ttage City, Md.	
RY OR CREMATORY	23d. LOCATION (City, town or co	ounty) (Stete)
NARKU	Rosarewillo.	ml.
25e. REC	C'D BY REGISTRAN 256. REGISTRAN	R'S SIGNATURE
2 mad DATEMA	Y 12'61 arthur.	S. Kraus
	PLACE OF INJURY (Home, farm fectory, street, office bldg., etc. April 15 Marin 15 MATENDING PHYS. 22d. ADDRESS 3 CO RY OR CREMATORY	INFORMANT John E. Brown Lice C. Lace NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P RED. (Enter neture of injury in Pert I or Pert II of item 18.) PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) MDTIL 15

Pracis Maryland Catherine Finkney Linkenstell John E. Brown Education of Phones and M mint a sky limit make the limit of the sky to the and a balle set south Kosongwille, West. Burner May 10/61 24 la Rosey orlander Theben Comment

death. Page 4 may be retained by the hospital or attending physician.

Year TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 45000

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)				
Л	o. COUNTY Prince Georges MARYLAN	o. STATE Maryland b. COUNTY Prince Georges				
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN					
	write RURAL end give neerest town)	35 Huntsville				
1	Cheverly 7 days. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE				
	d. NAME OF HOST FAL OR HASTITOTION (IF HOT IN HOSPITEI, give siteel eduless)	ON A FARM?				
	Prince Georges General Hospital	1315 69th Ave. YES NO 1				
r	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF				
	(Type or print) Sampson	Brown DEATH May 6 1961				
-1	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.				
	Male Black WIDOWED DIVORCED	23 July 1909 Sl yrs. Months Deys Hours Min.				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Rarber	Columbia. S.C. U.S.A.				
1	13. FATHER'S NAME	Columbia, S.C. U.S.A.				
1						
-	John Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Anna Patterson Address				
1	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	IVIQ				
	No 220 01 3743	B Eliza Brown 1315 69th Ave., Huntsvil				
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:	- und corun tech				
	4 42 V DUE TO 11	A 11				
	Conditions, if any, which > (b) dryper le	nomi Cl Minal disease.				
	geve rise to immediate cause					
	(e), sletting the underlying					
-1						
	PART II. ONLE STORM CONDITIONS	PERFORMED?				
_	<u> </u>	YES NO [
Total .	OR CONTRIBUTING CAUSE OF DEATH	CURED. (Enter neture of injury in Pert I or Pert II of Item 18.)				
- 1						
-	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 4 Phour e.m. 19 et work et work et work					
	Hour e.m. While Not While p.m. 19 et work et work	Total // silver, white siegly over				
	21. I certify that (I) (this hospital) attended the deceased from Apr. 28					
	22a. SIGNATURE	22b. DATE				
-	228. 315/19/01	ATTENDING MED. STAFF				
	Dengerragenge	M.D. PHYS. DIRECTOR PHYS. 5-6-61				
	22c. PRYSKIAN'S NAME (Type) Dr. George Hagege M.D.	22d. ADDRES 718 30th Wenue				
	deorge magedge men					
		TERY OR CREMATORY) 23d. LOCATION (City, town or county) (Steta)				
	13:00 4 -12-6/ Caberr	roum Church Columbia S.C.				
	2/ FERMANDRECKO STEPHATURE APPLEUR) ADVIES 37	9 Hart 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1 0 '61 arthur 8. Thomas				
	Pallacia Land	DATE MAY 10'61 arthur 8. Thous				
1.	Julia Juliac I tome	T-11 5 10011				

1 the water operation to be seen as a A 19 To a 19 T the property of the second of mode mod 270 CL STATE LEARNE Brown 1305 (Sen Live., Mindevil Control of the second second second Complete Street L. March Street To the Garage - Service pertitions Breeze & Jacob Compound Charge Columbia 6.6. - FOR STATE TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Excisely is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any gram within 72 hours after death. 2W 2/28

MARYLAND STATI	DEPARTMENT C	OF HEALTH N STREET, BALTIME	ORE 1. MARYLAND
CO17 MEDICAL EXAMINE	R'S CERTIFICAT		45000
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (Where deceased lived, If	institution: Residence before admission)
Prince George's Marylan	a. STATE MAY	b. cour	Prince Co.
b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write	Prince George s
Chayerly R INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS	Marlboro	
			15 RESIDENCE ON A FARM?
Prince George's General Uos 3. NAME OF First Middle	Past Marl	boro Pike	VES NO Dey Year
OPPER (Type or print) Mary Gentrude		OF DEATH Ma	
5. SEX Female 6. COLOR OR RACE 7. MARRIED White	B. DATE OF BIRTH .	9. AGE (In years last birthday)	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INC	JULY 7	879 81 yrs.	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OSTRT II. BIRTHIFEAGE (STATE	or foreign country)	12. CHIZEN OF WHAT COUNTRY?
Housewife Own Home	14. MOTHER'S WATER	NAME .	USA
James Baker Curtin	Elizabe	th Kidwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unknown) (Ifyesgivewarordelesofservice)	17. INFORMANT	Address	
NO NONe 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Jm es Alfre	d Bryan	same as # 2
PART I. DEATH WAS CAUSED BY:	Aller States		ONSET AND DEATH
IMMEDIATE CAUSE (e) Acute cons	sestive heart	failure	
772	cular renal	disease	
geve rise to immediate cause (a), stating the underlying		SKIND V VID V	
cause lest. (c)_			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S - EVERNAL CALISE WAS - LOOK DESCRIPT HOW WILLIAM OCCUR	IFD (Falses) of injury in Day	All and Book Hotel Street And S	YES NO G
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	ED. (Enter nature of injury in Par	riorran il or nam ib.,	
	PLACE OF INJURY (Home, ferm factory, street, office bldg., etc.		(County) (State)
Hour a.m. While Not While p.m. 19 at work et work	laciory, silver, office bidg., etc.	7	
21. I certify that I took charge of the remains described above		Inspection Inquir	y and in my opinion
death resulted from: Natural causes Accident .	Suicide Homicide	Undetermined m	anner
ACTUAL CHARLES OF	ASSISTANT MED		DATE SIGNED
SIGNATURE	DEPUTY MEDICAL		
EXAMINER'S NAME (Type) J	Address (Street	city, town, or county)	5/14/61
220. BURIAL, CREMATION, 22011 BAR THEREOF BOY 22c. NAME OF CEMETER		22d. LOCATION (City, town	or country) (State)
22 ELINEBAL DIBECTOR	le Cath.Cem.	Rosaryvill	
Ritchie Bros. Upper Marlboro, l	vid.	2 2 '61 Chai	un 2. Thanks
1(20001	I DARRING		

The control of the co Parlance George Land Comment of the מלקונים וופטיותפלה Carodical Page 1 and the design of the first farmer and a company of the company of navid sounded for an Linest Lated Milks Marie Barrett Marriett Mariett Samel and a sea , trains built es al mas exole de la come Acute concettion neurb ships Boutening Brief we life savel being ATTEMENT OF THE PARTY OF THE PA Editoria de la Strolle de la Roles M Buttle EARLOWN I Bose town to be letter to the second CANAL TELEVISION OF A CONTRACT STORY OF THE PROPERTY OF THE PR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CFRTIFICATE OF DEATH

5918	CERTIFICAT	E OF DEATH	ORE I, MAKILAND	05007
1. PLACE OF DEATH 6. COUNTY PrinceGeorges	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	b. COUNT	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	0		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	17 days	d. STREET ADDRESS	K	e. IS RESIDENCE ON A FARM?
Prince Georges General	Hospital	2212 Be	aumont St.	S.E. YES NO
3. NAME OF First DECEASED (Type or print) Carl	Middle	Rullis	OF DEATH	onth Day Yeor av 2 19 6
	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HR
Male White WIDOWED		11 Dec. 1896	lost birthdoy	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	ND OF BUSINESS OR INDUST	AND THE RESERVE OF THE PARTY OF	r foreign country)	U. S. A.
13. FATHER'S NAME	~	14. MOTHER'S MAIDEN NA	AME	
Not known		Not Know	n	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 57		rdelle Bull		dress Temple Hills lby Lane, Md
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	of the leg	1/2 having		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost. C PART II. OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING TO DEATH BUT N	NOT BELATED TO THE TERMIN	TAL DISEASE CONDITION C	SWEET IN DART WAS ALLTODS
CATIC	NIKIBUTING TO DEATH BUTT	TO I KEDATED TO THE TERMIN	IAL DISEASE CONDITION C	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED.	. (Enter noture of injury in Po	ort I or Port II of item 18.)	
Coc. TIME OF INJURY Month, Doy, Yeor 20d. INJU While of work [_ Not while foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. 1 certify that (1) (this hospital) attended saw the deceased alive on May 2	d the deceased fram.			2, 19 <u>6_1</u> , that (I) (we) lo
220. SIGNATURE E. A Siz		ATTENDING MEI		22b. DATE SIGNE 5-2-61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS Prince G	eorges Gen	emal Hospital
	M.D.			
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5-5-1961	23c. NAME OF CEMETERY OR Cedar Hill	CKEMATORY	23d. LOCATION (City, fown	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3/-/IIL &	7.8.5 DAMAY	BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
	Wase	E.D.C.		

BIRRS: . . . CHANGE OF THE STATE OF THE STAT A. Ligna, E.D. T. C. Established and the Published Street, A. T. C. Established Street, A. C. Establish A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, MARYLAND Prince George's c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cheverly Dead on arrival Oxon Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Barnabas Prince George's General YES NO NAME OF DATE Yees DECEASED OF DEATH Al.ton James 19 61 May 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months Deys Hours Colored WIDOWED DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Construction Maryland 14. MOTHER'S MAIDEN NAME Frank Burch Lula Berry 16. SOCIAL SECURITY NO. | 17. INFORMANT 5100 Wheeler Raod S.E. Oxon Hill, Md. Raymond Burche 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (e) DUE TO

(Type or print) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we rordeles of service) Cardiovascular renal disease Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO XX 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY T or CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry and in my opinion death resulted from: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER May 4th. 1961 EXAMINEA'S NAME (Toe) M. D. Add Address (Street, city, town, or county) BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) BEMOVAL (Speci Lura 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 0 '61

VS. A15ME 5M 7/59

FAIR CHELLY Magness control of the American s lead out conin out of the control of Appendix and a second a second and a second the second of th nedsagganot 1 - the greature Those average of . The state of the - condition with bring approximate and a second the state of the s Merchant Merch

within 24 hours after TO HELL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a death. Page 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tup of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in cy event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2340	T	tems 8 & 9 Fi	lm G287 5/	19/61 iwk	09.409
1. PLACE OF DEATH					f Institution: Rasidanca before admission)
a. COUNTY Prince Geor	ge	MARYLAND	a. STATE Ha rylar	nd Prince	George
b. CITY OR TOWN (if outside of write RURAL and give near	ast town)	6 Days	c. CITY OR TOWN (I	foutside corporata limits, wri	ite RURAL and give nearest town)
d. NAME OF HOSVITAL OR IN	STITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
Prince George	General Ho	spital	155 6th	n St.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jefferson	Middle	Carter	4. DATE Mon OF DEATH Mar	0
5. SEX 6. COLO		TO TO THE WARRIED	Max 9,1909	9. AGE (In year last birthdey) 51 yrs.	
1De. USUAL OCCUPATION (Give done during most of working life,	even if retirad)	P. RR	Virginia	ty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Philli	p Carter		14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (Ifyesgivaw		SOCIAL SECURITY NO. 17.	Pearl Carter	155 6th St.	Bowie, Mi.
Conditions, if any, which geve rise to immediata cause (a), stating the underlying ceuse lest.	AUSED BY: E CAUSE (e) DUE TO (b) DUE TO (c) DUE TO	at operative a testinal Of	poitsurtie	lobito per due To adh	ecious ?
PART II. OTHER SIGNIFIC DEPT TO THE SIGNIFI	ANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
2D8. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in i	Part I or Part II of item 18.)	
20c. TIME OF INJURY Mo Hour a.m. p.m.	onth, Day, Yaar 20d Whi 19 et we	la Not While fac	ACE OF INJURY (Home, farm tory, street, office bldg., etc.		(County) (State)
	-	6 1			, 1961 that (I) (we) last and on the date stated above
220. SIGNATURE	E. Com	7 00	ATTENDING A	AED. STAFF	22b. DATE SIGNED
22c. PHYSTCIAN'S NAME (Type)	. I Suce	Counce Il Jul	22d. ADDRESS (During S	t N.W. u
23a. BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE THEREOF 5/13/61	Fork AMEZIC	or crematory Milsonton	23d. LOCATION (City, 1	own or county (State)
24 FUNERAL DIRECTOR'S SIGNA	JURI	le Rochul		By REGISTRAR 256. R	EGISTRAR'S SIGNATURE
1111111111			/ MAI	1 3 01 Cim	Lough & Frenchit

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	Tourse		descent (1)	
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	Ship Song		(839) 40, 62 7 7 h	Z.
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	No.			
		33 1/2		
A GM IS IN	and the first states			
	ion, ils etory, c.	. = 6	0/10/1	Calain
	THE MAN WAY			

FOR STATE HEALTH DEPT. TO D. UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the foliary is necessary, please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	5921	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	05910
	1. PLACE OF DEATH			2. USUAL RESIDENCE		stitution: Residence before edmission)
	Prince	George's	MARYLAND	Marwla	b. COUNTY	Prince George's
	b. CITY OR TOWN (if outside write RURAL end give nee	corporete limits,	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
	Cheverly		10 hrs	Riverda	le	
	d. NAME OF HOSPITAL OR II	NSTITUTION (if not in hospit	el, give street eddress)	d. STREET ADDRESS	enswood Road	IS RESIDENCE ON A FARM?
1	Prince George	's General Ho		4712 RITE		YES NO
1	3. NAME OF DECEASED	MICHAEL	Middle	Last 4	DATE Month	Dey Year
	(Type or print)	Michall		samente	реатн Мау	1, 19 61
1	5. SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED 2 8.	DATE OF BIRTH	Load State Load =	Months Days Hours Min.
	1 220000	hite WIDOWED	DIVORCED	sepry, 19	531 7 yrs.	
1	10a. USUAL OCCUPATION (Giv done during most of working life,	e kind of work 10b. KINI , even if retired)	D OF BUSINESS OR INDUSTRY	11.) BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FAUSTURENT	S	chool	Tennsy	lvones	4.2.6
	13. FALMSKS WATER	Casama	ento	14. MOTHER'S MAIDEN N	Me Ful	do
I	15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyesgiver		OCIAL SECURITY NO. 17. 17	NFORMANT	Address	
1	W		non la	hu Cosa	wests so	and motor
	18. CAUSE OF DEATH		for (e), (b), end (c).	A		ONSET AND DEATH
1	PART I. DEATH WAS C	TE CAUSE (e)	Hemorrhage an	d shock		
1	8/3X	DUE TO	n 00 0		1 1	
	Conditions, if eny, which	[0]	Ceratrol	Conrus	secre le	muered
	(a), stelling the underlying cause lest.	THE TAX	ues Come	borney he	ten bstr	this a delice
			RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	Y.					YES NO
1	PART II. OTHER SIGNIFIC 200. EXTERNAL CAUSE WA PRIMARY DO CONTRIBUTI CAUSE OF DEATH.		HOW INJURY OCCURED. (E	nter nature of Injury In Pert I	or Pert II of item 18.)	1
	PRIMARY OF CONTRIBUTI	Red	ling on a	hanke !	wel west	to al O can
	9		JURY OCCURRED 206. PLAC	CE OF INJURY (Nome, farm,	20f. (City or town)	(County) (State)
	Hour on. 4	-301961 While	Not White factor	2 2 1	Reverdel.	P.S ha
1	21. I certify that I too	ok charge of the remai	ins described above, hel	d an Autopsy . In	spection Inquiry	and il my opinion
	death resulted from:	Natural causes ,	Accident . Suici	de , Homicide], Undetermined mai	nner 🗌
		1		CHIEF MEDICAL EXA	AMINER _	
4	ACTUAL SIGNATURE	men)	Hond	M.D. ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
	EXAMINER'S	-	5	DEPUTY MEDICAL E	KAMINER 2	1-1-61
	NAME (Type)	Mes I	15044	Address (Street, city		5-1 -/
	22e. BURIAL, CREMATION, 22b.	43/11/10/11/	PATE OF CEMETERY OR	AVEN 1	WHEATON, W	ARVIAND
	Buria	1)101	ADDRESS	/ / / / / / / / / / / / / / / / / / / /		TO A DIS CICAL ATURE
	W. W. Cham	bers Eo. Ru	verdale, of	nol-		trar's signature Lithur S. Krneen

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TO H

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 5922 CERTIFICATE OF DEATH 05911

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
e. COUNTY	Maryland Prince George
Prince George MARYLAND b. CITY OR TOWN life outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and giva nearest town)	C. CITT ON TOWN (II outside corporate fining, while Now I carry town)
Cheverly ll Hr	Washington 27
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
mui an Oranga Camanal Hamital	5008 Hollyspring Road / YES NO [
Prince George General Hospital	Lest 4. DATE Month Day Yeer
DECEASED	OF DEATH NO 10 /2
(Type or print) Len	Chestnut May 12
5. SEX Male 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Mar. 18,1888 73 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	2 24 27 2
None Laborer	Duplin, N.C. U.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Chestnut	Cressie(Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
(Yas, no, or unkown) (Ifyes give war or detes of sarvice)	Bao: 01
No 577 14 0664A	Effie Chestnut Same as 2d
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	DI Hen en hor
DUE TO (1)	
Conditions, if eny, which \ (b)	is the live
gave rise to immediate cause	
(a), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY LERFORMED?
	YES IN NO I-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH USE CHITTER NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	. (2.10)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	May 11 1961 to May 12 1961 that (I) (we) las
21. I certify that (I) (this nospital) attended the deceased from	
saw the deceased alive on	death occured a 2.2454. From the causes and on the date stated above
220. SIGNATULE	ATTENDING \ MED. STAFF SIGNED
I may m. Hencey	D. PHYS. DIRECTOR PHYS.
220 PHYSICIAN'S - 35	22d. ADDRES9016 Greig St
NAME (Type) Dr. Max Herzberg D.	
	Seat Bleasand, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 5-16-61 Woodlawn	Washington D.C.
24 FUNERAL DIRECTOR'S SUCHATORE K MADDE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
123011	SATE MAY 1 6 '61 Civiling 8 to

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Le corse laghe, L.C. U.A. Solomon (Dessonnt dreaming) S77 la Cook, Riffe Chastrut Dann as 21 Le corse la cor	area and a second
Johnson Darsonny - Dressis (Ulknown) 177 14 0004. Rivin Chastrut - Made as 21 187 14 15 Chastrut - Made as 21 187 15 Chastrut - Made as 22 187 15 Chastr	
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ALAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execuse within 24 hours after page 4 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral physician and completely filled in by the funeral physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	d with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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ALAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physician.	RE	State
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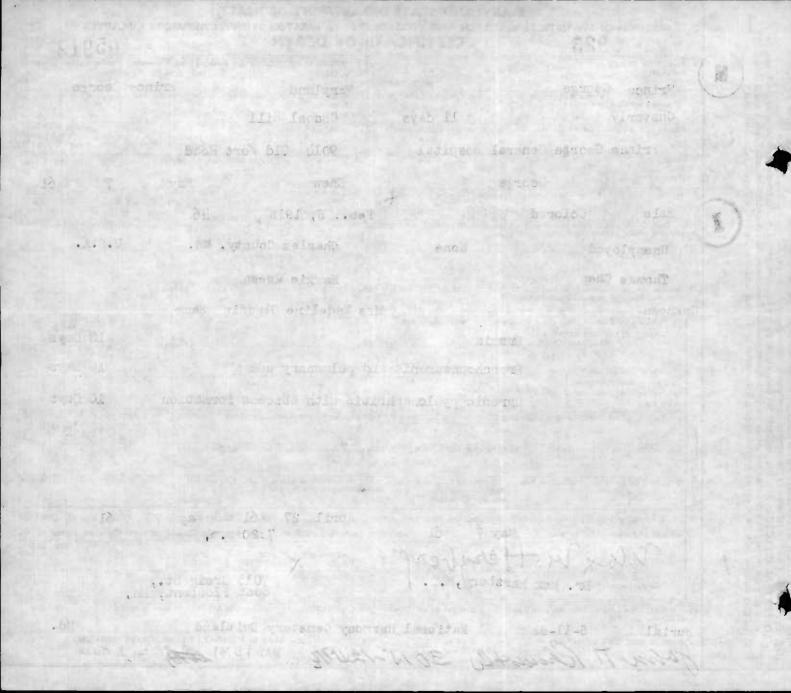
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DIVISION OF STATISTICAL I	ARYLAND STATE DE		F HEALTH N STREET, BALTIMORE	1. MARYLAND
5923	CERTIFICATI			05912
PLACE OF DEATH o. COUNTY		2. USUAL RESIDEN	ICE (Where deceased lived, II Instit b. COUNTY	tution; Residence before admission)
b. CIT OK TOWN (if outside corporate limits, write RURAL and give naarast lown)	c. LENGTH OF STAY IN 16	Mary land	Prin (If outside corporate limits, write RU	RAL and give nearest town)
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if r	11 days	Chapel I	lill L	. IS RESIDENCE
Prince George Gene		9014 01	d Fort Road	ON A FARM? YES NO
NAME OF First DECEASED (Typa or print) Geor	Middle	Chew	4. DATE Month OF	7 19 67
. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	. DATE OF BIRTH	lest birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored ' Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	reb., 5, 191	40	12. CITIZEN OF WHAT COUNTRY?
Un employed	None	Charles	County, Md.	U.S.A.
Thomas Chew 5. WAS DECEASED EVER IN U.S. ARMED FORCE (16s, no, or unkown) (Ifyesgivewerordetesofser)	rice)	Maggie Q		
1B. CAUSE OF DEATH [Enter only one co	ouse per line for (a), (b), and (c).]	s Madeline	Gladdin Same	interval between onset and death 10 Days
Conditions, if eny, which	ronchopneumonia an	d pulmonary	edema	10 Days
gave rise to immediate cause (a), stating the undarlying causa last.	gronic pyelonephri	tis with abs	scess formation	10 Days
PART II. OTHER SIGNIFICANT CONDITION				
2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19		CE OF INJURY (Home, far ory, street, office bldg., et		(County) (State)
21. I certify that (I) (this hospital				
saw the deceased alive on	torsloops	ATTENDING .	MED. STAFF DIRECTOR PHYS.	d on the date stated above. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Max He	erzberg, M.D.	22d. ADDRESS	7016 Greig St., Seat Pleasant,	Md.
3a. BURIAL, CREMATION, 23b. DATE THEREG			23d. LOCATION (City, town of	or county) (Slate)
Runial 5-11-61	National Har	mony Cemeter	v Suitland	Md.

TO HOUSE OF THE PROPERTY OF TH

Burial 5-11-61 National Harmony Cometery Suitland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JOHN TI Cherce + Ce 36 /5 - /2 1/72 DATE MAY 15'61



VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	e. COUNTY Desiran Connect	2. USUAL RESIDENCE (Where decessed lived, if Institution: R				
A	Prince George's MARYLAND	• STATE Maryland b. COUNTPrince George's				
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give peacest town)	give nearest town)				
1	west Hyattsville 3 years					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?			
	2400 Woodberry	2400 Woodberry	YES NO			
	NAME OF DECEASED (Type or print) Myer Soloman Coh	tasi 4. DATE Month OF DEATH MAY	20, 19 61			
	Male White widowed Divorced	DATE OF BIRTH Pril 19, 1884 9. AGE (In yeers IF UNDER 1 Months 1 Months	YEAR IF UNDER 24 HRS. Doys Hours Min.			
	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?			
-1	Butcher Food	Maryland U.	S. A.			
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Leo Cohn	Sarah				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NPORMANT Address				
	No - 088-16-7696 Mi	rs Bertha Cohn, same as # 2				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY, Congestive hea	art failure	ONSET AND DEATH			
	442 X DUE TO					
ч	conditions, if ony, which \ (b) Cardiovascular renal disease					
	gave rise to immediate cause (e), stating the underlying DUE TO					
	cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO					
	Diabetes of ten years known sta	nding	YES NOWE			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) Diabetes of ten years known standing 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 201. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Hom 18.) CAUSE OF DEATH.						
		CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	(State)			
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry .	and in my opinion			
	death resulted from: Natural causes . Accident . Suicident .	de, Homicide, Undetermined manner				
		CHIEF MEDICAL EXAMINER				
6	SIGNATURE COMMON HOST	A ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
	EXAMINER'S NAME (Type) James I. Boyd	DEPUTY MEDICAL EXAMINER May 20 Address (Sireel, city, town, or county)	, 1961			
2	28. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)			
1	Burial May 23, 1961 Geo. Wash. Cer	metery Hyattsville, Md.				
1	3. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE			
	Goldberg Funeral Home 4217 9th Street	N.W. DATEMAY 2 2 '61 Chilling S. 1	Hanes			
_		MAIZZUI COMMIZ.				

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FOR STATE HEALTH DEPT IO JECULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Jelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

> VS. A15ME 5M 9/60

	MAKIL	AND SIAIL	EPARTMENT OF	r HEAL	111	
Division of STATISTICA	L RESEARC	H AND RECORDS	, 301 W. PRESTON	STREET,	BALTIMORE	I, MARYLAND
Division of STATISTICA ME	DICAL	FYAMINER'S	CERTIFICATE	OF I	DEATH	05914

•		PLACE OF DEATH				2. USUAL		(Where decease	b. COUNT		tence before	admission)	
	Prince Georges County MARYLAND					Maryland Prince Georges							
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)			c. CITY	OR TOWN (If	outside corporate l	limits, write F	RURAL end gl	ve neerest toy	vn)		
		Chapel Oaks			X	Chape.	l Oaks						
i	-			if not in hospita	al, give street address)	d. STREE	T ADDRESS				e. IS RESIDENCE ON A FARM?		
1			Fire Dept.	Bldg.							-	YES NO	
1	3.	NAME OF DECEASED	First		Middle	Lasi		OF	Month	D	ay Yea	r	
*		(Type or print)	BERNI	S	EDWARD	COLE		DEATH	May	23.	19	61.	
Ш	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH .			FUNDER TYE	R IF UNDE	24 HRS.	
r	1_	Male	Negro	WIDOWED [Nov. 23		30	yrs.	Months Dey		Min.	
-			ON (Give kind of work		OF BUSINESS OR INDU	TRY 11. BIRTHP	LACE (State or	foreign country)		12. CITIZEN	OF WHAT	COUNTRY?	
		Laborer			k- Const.		Nor	th Caroli	ina	U.S	. A.		
	13.	FATHER'S NAME				14. MOTHER	R'S MAIDEN N	AME			775	1	
		Willie	Cole			Mary	McCa:	ln í				100	
					A CALL TO A CO.	INFORMAN		-	Address		The state of		
	(10:	No No unkown)	yasgive werordatesof:	J ba	2-44-5810	m Col	0 452	I St. N.	TAT TAT	ach	n c		
			EATH [Enter only one	cause per line	for (e), (b), end (c).]	. 1. 001	رر ۱۲ و ۵.	T Doe STA	alleg It		INTERVAL BE		
		PART I. DEATH	WAS CAUSED BY,	Puln	JAMAS	Edem	A				ONSET AND	DEATH	
		443X	DUE TO				1						
		Conditions, if eny,	1	Hupe	vtensive	neart	d138	92.0					
	П	gave rise to immedia	ole cause	U									
		(e), stating the un cause last.	derlying										
	z		SIGNIFICANT COND	TIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE COND	ITION GIVEN	N IN PART 1(e) 19. WAS	AUTOPSY	
	일	Ea-	- T.	211	182) of L	IVER						NO 4	
1	ELC.	20a. EXTERNAL CA	USE VAS	Ob. DESCRIBE	HOW INJURY OCCURED		Injury In Part I	or Pert II of Item	18.)		152 701	HO [4]	
1	CERTIFICATION	PRIMARY OF COL	NTRIBUTING			,						•	
	3	20c. TIME OF INJUI	RY Month, Dey, Ye			LACE OF INJURY		20f. (City or to	wn)	(County)		(Stata)	
	MEDICAL	Hour e.m.	19	While at work	Not While et work	actory, street, offi	ce bidg., elc.)						
		21. I certify th	at I took charge	of the remai	ns described above,	held an Auto	psy X . Ir	spection X	Inquiry	X. a	nd in my o	pinion	
		death resulted_fi					Homicide [, Undeter	mined ma	nner 🗍			
1				0		CHIE	F MEDICAL EX	AMINER					
~		ACTUAL	Man.	Ca Hay	Aslan	ASS	ISTANT MEDIC	AL EXAMINER	1		DATE SIG	NED	
1		SIGNATURE			7	M.D. DEPL	JTY MEDICAL I	XAMINER X					
1		EXAMINER'S NAME (Type)	JAME	SI. BO	OYD, M.D.			y, fown, or county	,]	May 23	, 1961		
	220		N, 226. DATE THER	EOF 22	RESTA ME OF CEMETERY	OR CREMATORY	2	2d. LOCATION		or equipry)	(Ste	te)	
-	1	MINICAL (Specify)	June /1.	1461	Horas	22		-	m	2			
1	23.	FUNERAL DIRECTO	01 1		ADDRESS	1/12	24e. REC'D	BY REGISTRAR	24b. REGIS	TRAB'S SIGN	ATURE		
1		Wo	1/1 /5	Aco,	01755	1) 504	PRAHIN S	'61	C1 11	a & Have			
			1 /	***************************************	, <u>, , </u>	0	10.00		. Adultan	7 June	-		

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VS A1S (4) 1SM 9/58

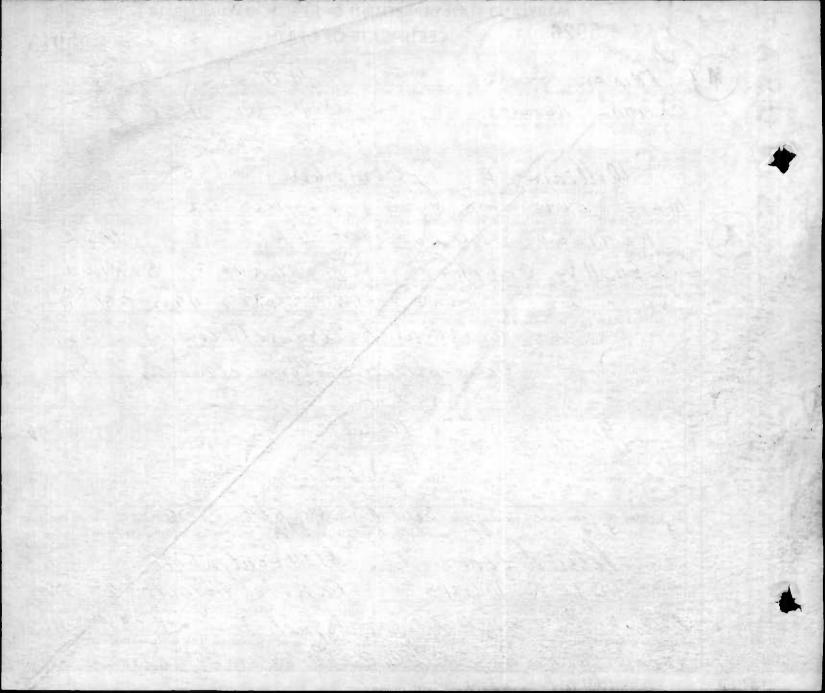
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5926 CERTIFI

CERTIFICATE OF DEATH

Reg. Dist. No. 05915

	1. PLACE OF DEATH 2. USUAL F	ESIDENCE (Where deceased lived. If institution: Residence before admission)
ı	O. COUNTY RINGE GEORGE MARYLAND O. STATE	MD b. COUNTY Prince George
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY RURAL and give nearest town)	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CAPITAL NEIRHTS	APITAL HEIGHTS
		T ADDRESS e. IS RESIDENCE
	4	29 50th au YES NO 12
	3. NAME OF First Middle	Lasty 4. DATE Month Day Year
	(Type or print) William E Comp	her DEATH 5 10 1961
H	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF E	
	MALE WHITE WIDOWED DIVORCED NOV	23,1868 92 yrs.
1	106. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRT during most of yarking life, eyen if retired)	HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	RETIRED BUILDER	VA. USA
	13. FATHER'S NAME	R'S MAIDEN NAME
1	John H.W. Comphen M	ARGARET SPRING
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes. no, or unknown) (If yes, give war or dates of service)	Address CAPITAL
Н	NO NO NONE JOHN	COMPREA 4902 FSL. HEIGHT
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CERECULAR MY	erioselerosis ONSET AND DEATH
	334 X DUE TO 0	
	Conditions, if any, which) (b) Jeweralized a	rteriosclerosis 34r
	gove rise to immediate couse (a), stating the under	
	lying couse lost. (c)	
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BOTH SIGNIFICANT CONDITIONS CONTRIBUTIONS C	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURRED. (Enter notu OR CONTRIBUTING	e of injury in Port I ar Port II of item 18.)
	Contract of the contract of th	RY (Home, form, 20f. (City or town) (County) (Stote)
1	Hour a. m. p. m. 19 While Nat while of work of work	
	21. I certify that 1 attended the deceased from Selat 19.5	58, to 6/10 196/, that I last saw the deceased
	alive an 5/4 196/ and that death accurred	at 2 AM, fram the causes and an the date stated above.
	1/1/20	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE ALL ALLES M.D.	124 Contral Au
	DETER DIVING	1011.11 2 41
	PHYSICIAN'S PETER DUUS	aprifol Heights 27 179
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR	22d. LOCATION (Stry, town, or county) (Stote)
1	Burnel 5-13-61 addeson Che	and Seal Pleas auch Tud
	23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS washe &	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Sheet Humans Ham 4812 ga are 4	DATELAY 15 '61 Outling & Known
		THE STATE OF THE S



FOR STAT TO I. WITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

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> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T	Ttem 17 Film G2	88 6/15/61	15016
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If in a. STATE b. COUNT	stitution: Residanca before aumission)
	rrince George's County MARYLAND	Maryland	Pr. Geo. Co.
1	b. CITY OR TOWN (if outside corporate limits, c. YENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write i	RURAL and give nearest town)
	Cheverly, Md 12 yrs d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	Cheverby	47
X	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1	3. Name of Lake Ave. Cheverly, Md.	3108-Lake Ave. Chever	ly, Md. YES NO X
	DECEASED	Lest A. DATE Month OF	Day Yaar
	(Type or print) JAMES EDGAR CONOVER		x May 18th 1961
1	7. MARGED TO THE TER MARGED		Months Days Hours Min.
	Male white widowed DIVORCED	Aug. 6th 1897 63vrs.	
	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retired)		12. CITIZEN OF WHAT COUNTRY?
	Ret U.S. Army	California, Ohio	U.S.
	13. FATHER 3 NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Carrie Conover nee Ca	rter
	(Yes, no, or unkown) (Ifyasgivawarordatasofservica)	Ada J. Conover	
	1917-1944 577-36-6528 146	lith/Jane/Conover/(wife	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	- Aug Da +1	ONSET AND DEATH
54	IMMEDIATE CAUSE (a)	The state of	alleri _
	The Due to Clean the to	- anto d.	
	Conditions, if eny, which gave rise to Immediata cause	of court in	al lock
	(a), stating the underlying DUE TO cause last.		
4		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART I(a) 19. WAS AUTOPSY
/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI		PERFORMED? YES NO X
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in Part I or Part II of Itam 18.)	III III III III
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour a.m. p.m. 19 al work at work	ory, street, office bidg., atc.)	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection V. Inquiry	And in my opinion
	death resulted from: Natural causes . Accident . Suici	ide , Homicide , Undetermined ma	nner 🗍
		A CHIEF MEDICAL EXAMINER	
1	ACTUAL SIGNATURE SOMEON) For	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER May	18th 1961
	NAME (Typa)	Address (Streat, city, town, or county) Fore	
	REMOVAL (Specify)		
	Burial May 22, 1961 Arlington Na	Arlington Virg	inia
	23. FUNERAL DIRECTOR ADDRESS		TRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DATE MAY 1 9 '61 a	rilling & Krous

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5928
CERTIFICATE OF DEATH
05917

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saw the deceased alive onMay3					land land	om	June 28	1957 to	May 3	106.	L that (1)	(wa) last		
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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES		REMOVAL (Specify)										,		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Information from birth cert PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission a. COUNTY a. STATE b. COUNTY . PrINCE George MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and write RURAL end give neerest town) (3) Cheverly 72 hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers NAME OF 4. DATE complet DECEASED (Type or print) DEATH 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdey) and Months FMAL C WIDOWED DIVORCED yrs. physician remove 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Pr. Geo's, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .5 Stending Then please Ohn and helpele Eileen Lamb WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) signed by the permit. 18. CAUSE OF DEATH [Enter only one ceuse par line for (a), (b), end (c).] physician. enature birth (2 lls 303 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which (6) certificate has been geva rise to immediate ceuse DUE TO (e), steting the underlying the 9 CERTIFICATION hospital SE 0 use prior 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II) of item 18.) etached for OR CONTRIBUTING _ CAUSE OF DEATH After this þ 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm,) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer Not While factory, street, office bldg., etc.) While Hour e.m. et work at work DIRECTOR: Pe 21. I certify that (I) (this hospital) attended the deceased from.... plnods saw the deceased alive on. A. 22e. SIGNATUR ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS NAME (Type TENSER 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) dir. Prince Geo.Gen. Hospital Cheverly. Md. 0 Cramation DDRESS MERAL DIRECTOR'S SIGNATURE VR A15 (4)

INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN WAS AUTOPSY PERFORMED? NO . (County) (State) 26, 19.00, to 2017, 20, 19.00, that (1) (we) last 19. La/..., and that death occurred at form, from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE arthur S. Krous '61 DATE JUN 2 enn,

MARYLAND STATE DEPARTMENT OF HEALTH

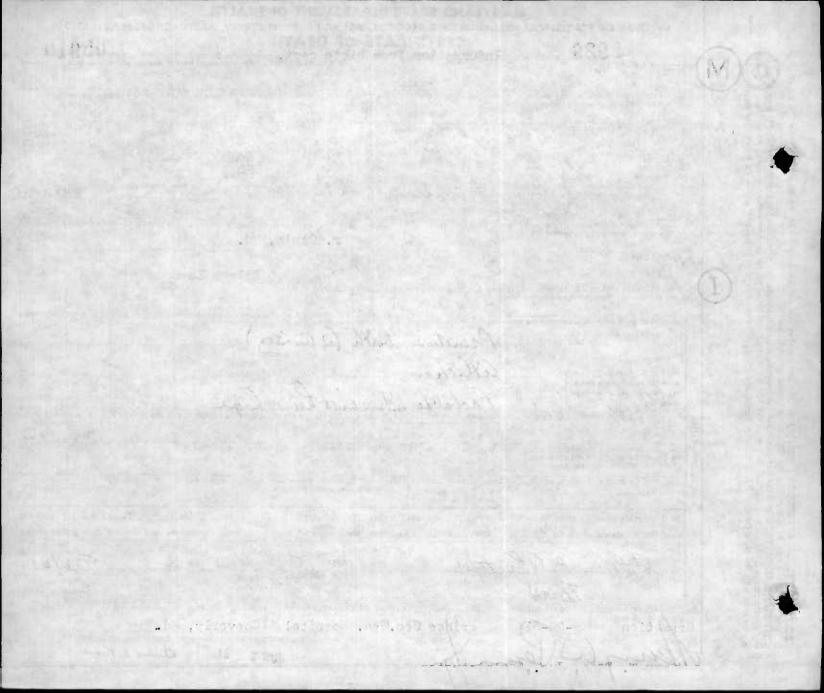
e. IS RESIDENCE ON A FARM? YES NO

1961 IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND F STATISTICAL RESEARCH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission a. COUNTY a. STATE b. COUNTY Prince Georges County the 12 MARYLAND and 2 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) .5 Cheverly dav d. STREET ADDRESS and Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges Hospital papers. DECEASED OF DEATH (Type or print) Margaret
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In Vest carbon 5. SEX Bebirthdey) pue 1908 WIDOWED Female hite physician 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Own Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pleas Patrick Magner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? and Unknown aften 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give war or dates of service) requires that the George John Curtis 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] é PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO attending certificate has been geve rise to immediate cause DUE TO (e), stating the underlying the hospital or 98 0 use prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perf I or Perf II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH R: After this detached for the è 2De. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour am retained et work | et work may be retaine DIRECTOR: plnoys saw the deceased alive on ATTENDING DIRECTOR PHYS. FUNERAL 7016 Greig St. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Max Herzberg, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) A dio de Cedar Hill Cemetery Suitland, Burial

c. CITY OR TOWN (Iroutside corporate limits, write RURAL and give neerest fown) e. IS RESIDENCE ON A FARM? YES NO IF UNDER TO AR IF UNDER 24 THE Months Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Same as Item #1. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? NO F (County) (Stata)19......, and that death occured at. 82.30Phpm the causes and on the date stated above. 22b. DATE May 20, 1967 Seat Pleasant, Md. 23d, LOCATION (City, fown or county) (Stata) Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE JUN '61 Bros. Fun'l Home-Upper Marlboro arthur S. Thank

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) y is necessary, I director. Page or your files. e. COUNTY e. STATE b. COUNTY Prince George's MARYLAND Maryland Howard County c. CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 l for your f Board of F write RURAL and give negrest town) Muirkirk Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State Route #1. North of Muirkirk Undergass 938 Lyon Avenue 3 NAME OF DATE Month DECEASED OF (Type or print) DEATH Henry Danesi May 7th. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 with lest birthdey) "in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 wimoval, and in any event within 72 hours WIDOWED DIVORCED Male March 30th.1909 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Meat Inspector U.S. Govit New York, N. Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter J. Danesi Fredericka Flack 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 062-03-5019 NO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Frances G. Danesi Same as #2 Acute congestive heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Myocardosis Conditions, if eny, which gove rise to immediate cause "pending" 10 Medical Examiner's DUE TO (e), stating the underlying 98 should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical E **FUNERAL DIRECTOR**: Page 3 should be its designated agent, prior to burial, cremat 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 1B.) 20e. EXTERNAL CAUSE WAS Page 3 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 Inquiry X Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION. REMOVAL (Specify) 240 p 24b. REGISTRAR'S SIGNATURE VS. A15ME 15 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO

Yeer

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

and in my opinion

DATE SIGNED

7th., 1961

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PERFORMED?

NO [

(Stele)

1961

IF UNDER 24 HRS.

The contract of the contract o 14 Fowers Sountry ! Sauly St. Jet m.T True 41, Martin of Jain with Tellemone 15 the greater NET CA TOTAL 1909 | 52 Asob Indicator - W. U.S. Covic. - Coffee Tode, L.Y. and a configuration of in the second Sammoon B. Denoch . Sero sail 2 Achte concessive heert follows A. C. M. M. M. C. T. STATE

15M 9/60

)	MARYLAND STATE DI DIVISION OF STATISTICAL RESEARCH AND REGORDS	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		E OF DEATH U5922
1	PLACE OF DEATH 5. COUNTY Prince Georges MARYLAND	a. STATE Maryland Prince Georges
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) We Hyattsville d. STREET ADDRESS a. IS RESIDENCE
	Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Beryl Agnes	261l: Kirkwood Place A DATE OF DEATH A DATE ON A FARM? YES NO A YES N
1	White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	P. DATE OF BIRTH 10-27-12 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) Housewife own home	Sydney Australia Australia
/	13. FATHER'S NAME Carlos Williams	Matilda Woodger
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TODEATH BUT NO CONTRIBUTIN	hur Dale West Hyattsville Md. estual Hemenbage Multiple Sites 36 hours Cleans ensatur L'Portal Years Thoris Years
<	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on	ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED PHYS. SIGNED PHYS. SIGNED PHYS. DR. SILVER SPRING
1	Cremation May 10, 1961 Ft Lincoln 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
V	F. Gasch's Sons Hyattsville, Md.	DATEMAY 15 '61 Civing S. Krans

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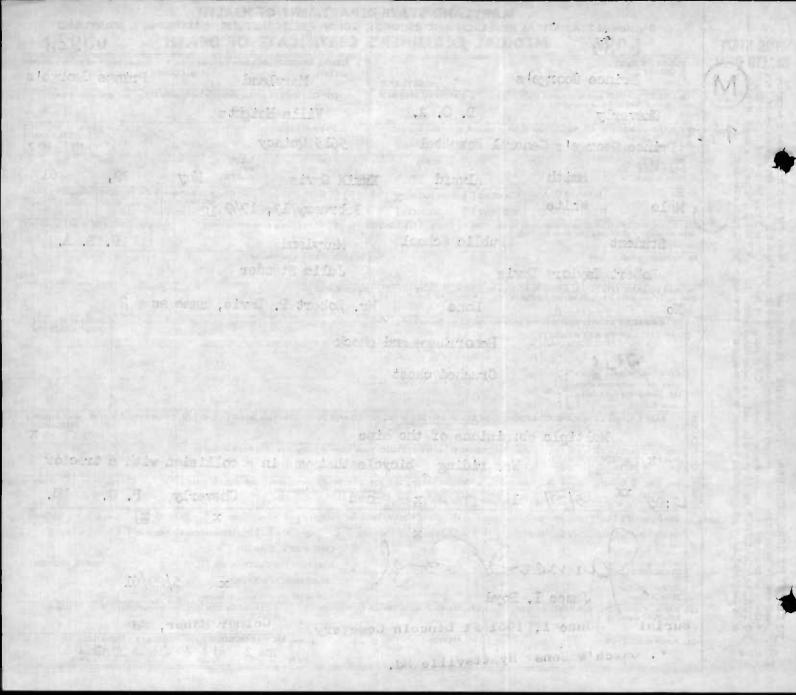
FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an elely is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Harth, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEARC	CH AND RECORDS,	301 W. PRESTON STR	EET, BALTIMORE	1, MARYLAND
5934	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	05923

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission)								
• COUNTY Prince George's MARYLAND	• STATE Maryland b. COUNTY Prince George's								
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)								
write RURAL end give nearest town) Cheverly D. O. A.	Villa Heights 43								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?								
Prince George's General Hospital	5615 Quincy								
3. NAME OF First Middle DECEASED	Lesi 4. DATE Month Day Year OF								
A STATE OF THE STA	Davis Death May 29, 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B White WIDOWED DIVORCED	Pebruary 13, 1949 19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.								
OB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
done during most of working life, aven if ratirad) Stalent Public School	Maryland U. S. A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Robert Taylor Davis	Julia Stender								
100	INFORMANT Address								
(Yes, no, or unkown) (Ifyesgivawarordelesofservice) No	fr. Robert T. Davis, same as # 2								
1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and shock									
\$13 Y DUE TO									
Conditions, if any, which \ (b) Crushed chest									
gave risa to immediata causa DUE TO									
(a), steting the undarlying cause last.									
10/	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Multiple abraisions of the him 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Was riding bicyc.	PERFORMED?								
20s. EXTERNAL CAUSE WAS PRIMAY or CONTRIBUTING CAUSE OF DEATH. Was riding bicycle that was in a collision with a tractor									
ZOC TIME OF INIURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete)								
2:05 p.m. 5/29/19 61 Whila Not Whila I het work I	ory, direct, office bldg., atc.) Cheverly P. G. Md.								
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion								
death respired from: Natural causes , Accident . Suid	ide . Homicide . Undetermined manner								
	CHIEF MEDICAL EXAMINER								
ACTUAL DAMON AND ADDRESS	ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED								
SIGNATURE	DEPUTY MEDICAL EXAMINER 5/29/61								
examiner's Name (Typa) James I. Boyd	Addrass (Streat, city, lown, or county)								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Steta)								
Burial June 1, 1961 Ft Lincoln Co	emetery Colmar Manor, Md								
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
F. Gasch's Sons Hyattsville Md.	DATE JUN 2 '61 Chilling S. France								



FOR STATE HEALTH DEPT.

ter death. If a delay is necessary, and 3 to the funeral director. Page 5 may be retained for your files. ours after death. IO DARUIX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retaIO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File page 1 and 2 with the 5 or its designated agent, prior to burial, cremation, or removal, and in any event within 70 pure, after de-

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	00324
* COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) o. STAT Maryland b. COUNTY Prince Coorder
b. CITY OR TOWN (if outside corporate limits, RIVETORIES alve nearest town) c. LENGTH OF STAY IN 1b D. O. A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) I eland Memorial Hospital	d. STREET ADDRESS 6900 Oak Ridge Road. 6. IS RESIDENCE ON A FARM? YES NOTE
	Dean 4. DATE Month Dey Year Dean Meath May 26 1961
Male White WIDOWED DIVORCED	Aug. 23, 1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Aug. 23, 1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Engineer Research	11. BIRTHPLACE (State or foreign country) Missouri U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dean	Luella Scott
(Yes no or unknown) ! [[fvesnivewerordatesofservice]]	illiam W. Gullett, 6903 Baltimore Ave
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
420.0 DUE TO	
gave rise to Immediate cause (e), stating the underlying DUE TO	Money misgos
cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	AT BELATED TO THE TERMINAL DISEASE COMPLETON CHEEN IN BASE
CATIC	PERFORMED? YES NO
	Enter nature of injury in Part I or Part II of Item 18.)
	CC OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspection X, Inquiry X, and in my opinion
death resulted from: Natural causes . Accident . Suice	ide, Homicide, Undetermined manner
ACTUAL SIGNATURE James I James	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (1/100) James I. Boyd	DEPUTY MEDICAL EXAMINER \$ 5/26/61. Address (Street, city, town, or county)
226. BURIAL, CREMA PION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Bur-Transit 6/1/61 Rolla Cemete	ry Rolla, Missouri
Robert A. Pumphrey Bethesda, Mary	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	I DAIE 1100 TO

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funeral within 24 hours after TO HE STALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5936 CERT	IFICATE OF D	EATH	Harris St.	05925
	ARYLAND . STATE	RESIDENCE (Where decea	b. COUNTY Pr	George.
b. CITY OR TOWN (il outside corporate limits, write RURAL and give neerest town) 2407 - Rrundel Rd.		R TOWN (If outside corporet Mt Rainier	e limits, write RURAL end s	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street Mt Rainier, Md.	eddress) d. STREET 2407	Arundel Rd		e. fs RESIDENCE
3. NAME OF DECEASED (Type or print) PAULINE First Midd	DENGLER	4. DATE OP DEATH	May 25th.1	961. ₁₉
	ORCED 6/30/1	873	87 yrs.	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE 13. FATHER'S NAME	Pen	ACE (County & State, or fore NSYLVENIA S MAIDEN NAME	ign country) 12. CITEZE	EN OF WHAT COUNTRY
William Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI		Unknown	Address	
(Yes, no, or unkown) (If yes give were released service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), e	Emalir B	. Sites		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	4 11	ngs		ONSET AND DEATH
Conditions, it enty, which geve rise to immediate ceuse (e), steting the underlying ceuse lest.	1 Cecum			about [me
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO B 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJUSTICAL EXAMINER	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
	URY OCCURED. (Enter neture o	of injury in Pert I or Pert II of	item 1B.)	
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURS Hour e.m. While Not While et work et work	fectory, street, office	bldg., etc.)		
21. I certify that (I) (this hospital) attended the decessaw the deceased alive on	ased from 29 Marc		he causes and on the	e date stated abov
22a. SIGNATURE 22c. PHYSICIAN'S 22c. PHYSICIAN'S	M.D. ATTENDIN	DIRECTOR _	STAFF PHYS. 25	May 1961
NAME (Type) DAMUEL DOVE	DF CEMETERY OR CREMATOR	OI Eye St.	N.W. Wash	hoyten J.C. (State)
REMOVAL (Specify) 5/29/61 Oakr	idge Cemete	ry Alt	oona	Pa
Lee Funeral Home Washingt		250. REC'D BY REGISTRA DATE	ar 256. REGISTRAR'S SI	

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	TEMBURS EVALUATE FURNITURE FUR	TEMORES EVALUATE AUTHORITY AUT	PAULUAN PAU	PAULINE CONTROL CONTRO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91 7/24/61 iwk CERTIFICATE OF DEATH . Item 14 Film G291 5937 Reg. Dist. No. with director, 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH filed a. COUNTY a. STATE b. COUNTY MARYLAND ring & Louis D. Prince George funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) pe RURAL and give negrest tawn) 70 Washington d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? þ C Nursing Home 5800 21 st Ave. S. YES NO Suitland 4. DATE NAME OF First Middle Manth Day filled DECEASED De Wald DEATH Mav (Type ar print) Nellie ages 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T last birthday) Manths Days Haurs DIVORCED | 19/1877 83 yrs. WIDOWED T papers. remale 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? New York and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martin Fallon Elizabeth Margrobe Maygrove physicion INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO D Hospital records no attendin INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH d Senewlyld arteurelmoses PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underphysician. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? **burial-tr** has YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 50 MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) 20d. INJURY OCCURRED (Caunty) Day. Year factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 5-18 , 196/, that I last saw the deceased 21. I certify that I attended the deceased from. , 19.56, to. 4.30 AM, fram the causes and an the date stated above. and that death accurred at_ DIRECTOR: DATE SIGNED ADDRESS (Street, city or tawn, state) 2210 NICHOLS AVE SIE ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type)

TO FUNERAL VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

/61

22a. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

Greenwood ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Brooklyn 24a. REC'D BY REGISTRAR

22d. LOCATION (City, tawn, or caunty)

24b. REGISTRAR'S SIGNATURE

DATE MAY 2 2 '61

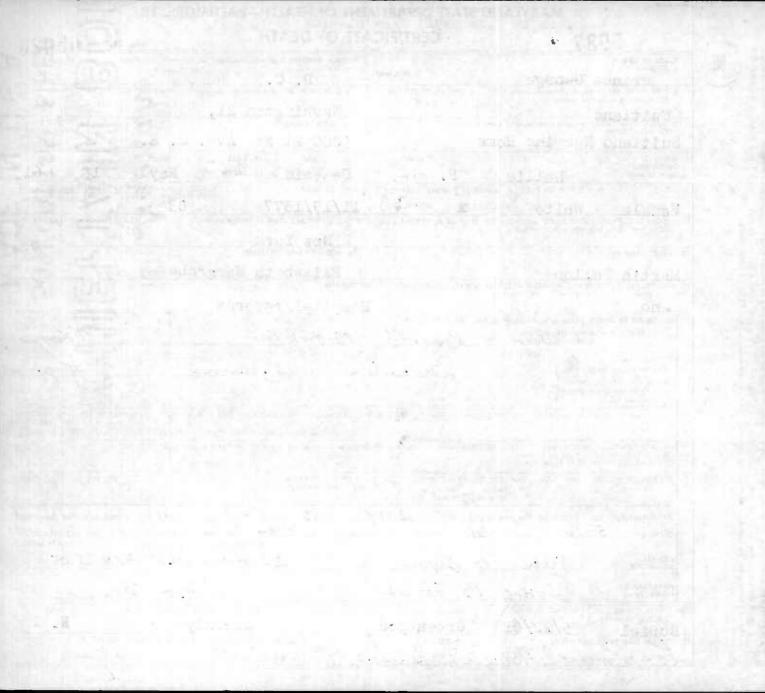
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Year

1961

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VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Prince George MARYLAND Maryland Prince George b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 12 Hr. Cheverly College Park e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS ON A FARM? YES NO 4814 Delaware Prince George General Hospital 3. NAME OF 4. DATE Dey Middle Month Yeer DECEASED OF Lelia DEATH (Type or print) Diggs 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX AGE (In years lest birthdey) Months Hours Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Virginia Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Dunkum Mary Halev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Virginia Mary Gee Long Annandale no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour e.m. et work at work p.m. 22b. DATE 22e. SIGNATURE SIGNED

MEDICAL ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 5/8/61

23c. MAME OF CEMETERY OF CREMATORY Arlington National

23d. LOCATION (City, town or county)

Arlington Virginia

24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

NAME (Type)

Hyattsville, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEMAY 1 5 '61

arthur S. Kraus

(State)

Similared to St. 18 St. . A. ATRIM OF MEDICAL 1115 STATE OF BELLEVILLE La la la caractería de la Scott and State of the State of 29 5 and the state of the staighte - statement gast sell gast Darial S/8/51 | Wilneston Markenni Makington Virginia .. dasch's done unyacteville, ill.

within 24 hours after TO H. ZIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION	OF STATISTICA				E D	EPARTMENT		ALTH EET, BALTIMO	DE 1 M	ARY	LAND	
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	PLACE OF DEATH	<u> </u>	I tem	9 F	ilm 6288	-5	2. USUAL RESIDE	ENCE (What	re decaesed lived, II		asiden	ce before	edmission
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	Chever]	y			2 hour			vidend	ce			5	1
7	d. NAME OF HOSPIT	AL OR INSTITUTION (not in h	ospitel,	give streat eddras	s)	d. STREET ADDRE					ON	A FARM?
2	Prince	George Gen	eral				146	Leste	er Street			YES _	NO X
3.	DECEASED (Typa or print)	Micha			Middle		Dover	4. DAY		h ·	Day	Yaa 19	61
5.	SEX	6. COLOR OR RACE	7. MARI	HED	NEVER MARRIED		8. DATE OF BIRTH	17	9. AGE (In years last birthday)	The state of the s			R 24 HRS.
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13.	FATHER'S NAME				- · · · · · · · · · · · · · · · · · · ·		14. MOTHER'S MAID	EN NAME	_		#		
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	gave risa to immadia (a), stating the ur cause last.	DITE TO											
ATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS C	ONTRIBL	JTING TO DEATH	BUT N	OT RELATED TO THE TER	MINAL DISE	ASE CONDITION GIV	EN IN PART		9. WAS PERFO YES	ORMED?
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MEDICAL	20c. TIME OF INJUI Hour e.m. p.m.	RY Month, Day, Yas	WH et w	ila	RY OCCURRED 2 Not Whila et work		ACE OF INJURY (Homa, totory, street, olfice bldg.,		(City or town)	(Cour	nty)		(Stata)
		nat (I) (this hospit			4		t death occured at			and on t			
	22a. SIGNATURE	John	18	e	bre		71.00	MED. DIRECTOR	STAFF PHYS.			5-//	SIGNE
	22c. PHYSICIAN'S NAME (Type)	/John	K	El	YOE		63 ov	RIL	FRUAL	E	90	/	/
	REMOVAL (Specific)				. NAME OF CEM		OR CREMATORY	-	ode Islan		')	(:	Stata)
	FUNERAL DIRECTOR	'S SIGNATURE	Ivat	tsv:	ADDRESS		25a.		GISTRAR 25b. RE		SIGNA	TURE	-

DATE

Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLANI

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1		LACE OF DEATH L. COUNTY DRINGE CO.	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARKET AND A CONTROL OF THE CON	YLAN BUN	oty Cha	rles
1		D. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carporate limits, writ	e RURAL and give i	0 8 X
0	•	S. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION SUITAAND NUR	sing Hon	ERT.#2	- BOX9	53_	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED Type or print) A A A B C A A C A C A C C C C C C	R. L	DRYDEN	OF DEATH	1AY	Day Year 19 6 AR IF UNDER 24 HRS.
1	5. 5	HALE WHITE WIDOW		8. DATE OF BIRTH SOPT-12-	1010	yrs. Manths Day	rs Haurs Min.
		USUAL OCCUPATION (Give kind af wark dane 10b during mast af warking life, even if retired)	FARMIJSV	9 mary	land	12.CIIIZEN	OF WHAT COUNTRY?
		MILLS H. DR	YDEN	Margaret	e ho	Address	Fig.
		no, or unknown) (If yes, give war or dates of service) WW ##/		VWRSIMS	Hom	e Re	-0 -1
		18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	ma ston	north E	O	NTERVAL BETWEEN
		Canditions, if any, which (b)	gene alliza	& metala	- in		/
	-	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	0				
)	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS					1) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE				
	MEDICA	Haur a.m. While	I.	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caun	ity) (State
		21. I certify that (I) (this haspital) attensaw the deceased alive an (I) (A)	1 .	thay 2 196 death accurred at 12 N	20012	/	
		Les D. Mugner			CTOR STAFF	5/1	7/6/ SIGNED
		22c. PHYSICIAN'S NAME (Type) H. MUGMO	N Mp. D	2711 - GA 1	THER ST.	SE. HILL	ceess H
	1	BURIAL, CREMATION, 23b. DATE THEREOF May 19-6	23c. NAME OF CEMETERY C	coln	Blader	lung	(State)
	24.	FUNERAL DIRECTOR'S SIGNATURE SIMMENTS BI	ADDRES9 661	G CO D 250. REC'D	BY REGISTRAR 2Sb. R	Cirling S.	

and 2 should be filed with urs ofter death. Page TO HOSE IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may it shained by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs ofter death. VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film G288 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE Prince Georges Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Hyattsville Hyattsville. Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4803 69th Place. 4803 69th Place YES NO XX 3. NAME OF 4. DATE Middle Month Dey Yeer DECEASED Randolph Henry Duff May 21, 1961-19k (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday male white Hours Ma March WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BI PLACE (County & State, or foreign country) dona during most of working life, aven if retirad) S Retired Instructor University of Md Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Edward Gibson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give we ror detes of service) Mildred Sherman Duff Hyattsville Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) selevotio Cardio vascular Disease gave rise to Immadiete ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (State) Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour a.m. at work at work to may ital) attended the deceased from. 39M, from the causes and on the date stated above. saw the deceased alive on. .. 19. and that death occured at 22b. DATE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Type) William D Rosson 5510 Madison & Riverdale, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Colmar Manor, Md. 23, 1961 May Ft Lincoln Cemetery 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE MAY 24 '61 Gasch's Sons Hyattsville, Md. arthur S. Krous DATE

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y is necessary, I director. Page or your files. th. If to the I 2, and 3 is 5 may be nd 2 with house all PM3. Pa pages 1 within Office along w burial-transit p Examiner's Office a be used as a burial-tra Medical Examir should be used rial, cremation, execute the certificate, writing the word Id be forwarded to the Chief Medical EXERAL DIRECTOR: Page 3 should be to the Cl COR: Page prior to should be for FUNERAL I bluods A \$ 0 P

AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS,

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Rasidence before edmission) . COUNTY b. COUNTY Prince George's Delaware MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town Wilmington L hour Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 900 Marble Road YES NO NAME OF Middle 4. DATE Duff DECEASED (Type or print) Richard Michael DEATH 19 61 May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | White Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stale or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. University of Md Student Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Duffy Charles Edward Buffer Florence Stidham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or dates of service) Charles E. Buffey, same as # No 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Hemorrhage and shock DUE TO Conditions, if eny, which Gm shot wound of the head gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY PERFORMED?

20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.

against right cheek and pulled the trigger 20c. TIME OF INJURY factory, street, office bldg., etc.) at work et work

YES NO

DATE SIGNED

19 6] Dormitory College Park P. G. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry X and in my opinion

Suicide XXX Homicide death resulted from: Natural causes Accident Undetermined manner DC CHIEF MEDICAL EXAMINER

ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S

James I. Boyd NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial 1961 Riverview Cemetery Wilmington, Delaware

23. FUNERAL PIRECEON 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE Claymont, Delaware DATE MAY 1 0'61 Orthur & Kraus

VS. A15ME 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE OF DEATH Item 8 2. USUAL RESIDENCE (W or decessed lived. If institution, Residence Bodo admission) PLACE OF DEATH b. COUNTY e. COUNTY Page Jelay is necessary uneral director. Page MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write BURAL and give nearest town) for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Boar be refained State Middle DATE Month Dev NAMEOF 4. d be executed within 24 hours after death. If pencil in Item 18. Give Pages 1, 2, and 3 to the fice along with form PM3. Page 5 may be relatively permit. File pages 1 and 2 with the State I may be suffered to 1 and 2 with the State I may event within 72 hours after deather and 1 may event within 72 hours after deather 1 may event within 72 hours after deather 1 and 1 may event within 72 hours after deather 1 may event within 1 may event with OF DECEASED (Type or print) 6. COLOR OR MACE B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR S. SEX 1916 7. MARRIED NEVER MARRIED Months Days WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, avan if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME with File permit, File 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Atidress (Yes, no, or unkown) | (If yes give war or detespiservice) certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office elong ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRONARY FIRTERIOSCLEROSIS Conditions, if any, which gave risa to immediate cause "pending" 0 Examiner's DUE TO (a), stating the underlying 98 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION emati 2 the word Medical MEDICAL EXAMINER: This pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury In Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief / Page 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. please execute the certificate, with should be forwarded to the prince of the prince of the prince of the designated agent, prior the designated agent, prior the designated agent, the prior the designation of the prior the designation of t at work at work the OR: P 21. I certify that I took charge of the remains described above, held an Autopsy Li. Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, REMOVAL (Specify) 240 g Rose Hill Cemetery Burial 0 Lamoni Lows 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arting S. France Arehart Funeral DATE 5M 7/59 Home Inc.

IS RESIDENCE

ON A FARME

YES NO

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PEREORMED?

NO

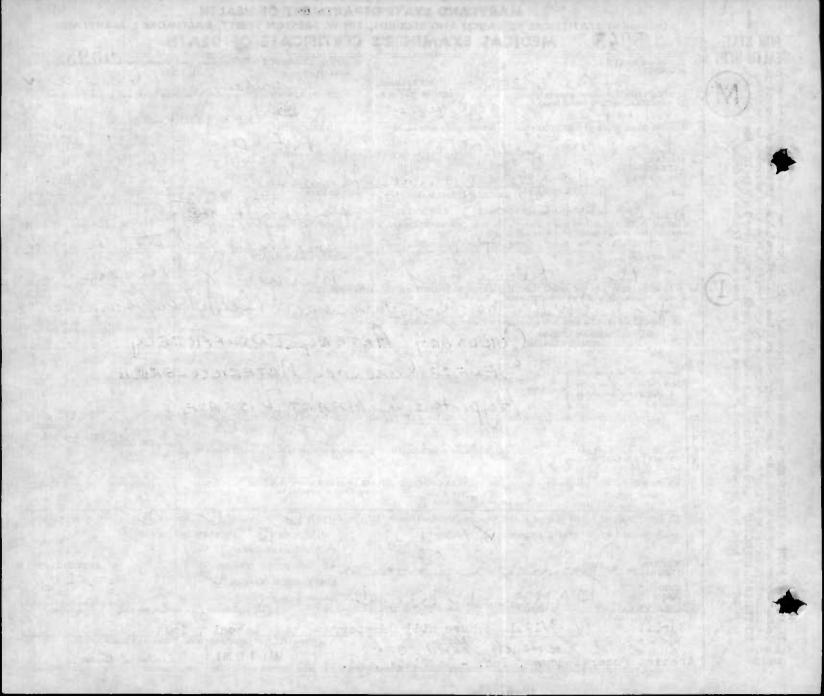
(State)

DATE SIGNED

(State)

IF UNDER 24 HRS.

Year



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD funeral Items 8.9 & PLACE OF DEATH a. COUNTY Prince George by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 8 Days Cheverly Ēhours after filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Prince George General Hospital NAME OF paper DECEASED comple (Type or print) Emma _= carbon with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Female and requires that the death certificate be White event, WIDOWED DIVORCED ling physician a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife own Home 13. FATHER'S NAME .= affending Norwood P Glading D Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) removal signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO affending Conditions, if eny, which has been gave rise to immadiate cause DUE TO (e), stating the underlying cause last. the hospital or certificate CERTIFICATION as of use prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer While Not While Hour a.m. o at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from Jan saw the deceased alive on 22a. SIGNATURE

22c. PHYSICIAN'S

REMOVAL (Specify)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

NAME (Type) Dr. Till Bergemann

May 22, 1961

Hyattsville, Md.

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Princeodebrge c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Beltsville d. STREET ADDRESS . IS RESIDENCE ON A FARM? 11012 Mont. Rd. YES NO Lest 4. DATE Month Eberle DEATH M ay 18 19 61 AGE In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? US Penna 14. MOTHER'S MAIDEN NAME Anna Coombs Address Anna M Funk Lanham, Md INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) 141 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 3-D Cresent Road, Greenbelt, Md. 23c. NAME OF CEMETERY OR OF THE TOTAL 23d. LOCATION (City, town or county) (Stete) Arlington National Arlington Virginia 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE MAY 2 3 '61

arthur S. Kraus

DIRECTOR: After this cer 3 should be detached for u FUNERAL page with th ector, a dio VR A15 (4) 15M 9/60

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So IO TUNEMAL DIRECTOR: After this certificate en signed by the attending physician and complexely filled in by the funeral complexely filled in by the funeral complexely filled in the funeral complexely filled in by the funeral complexely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AN	ID RECORDS, 30	1 W. PRESTON	STREET, BAI	LTIMORE 1, MARYLAN	D

5945	Ite	CERTIFICAT	E OF DEATH		05934			
PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased lived, If	institution: Residence before edmission)			
Prince Geo	rge	MARYLAND	Maryland	b. cour	nty ace George			
b. CITY OR TOWN (if outside	e corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (e RURAL end give neerest town)			
write RURAL and give no Cheverly	eerest town)	25 days	Seat Ple	nant	7 8			
	INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	asant	. IS RESIDENCE			
Prince George			700 5811		ON A FARM?			
3. NAME OF	Sugneral	Widdle	105 78th	A. DATE Mont	h Dev Yeer			
DECEASED (Type or print)	Th 17:	***	E031	OF DEATH	40			
	Franklin	W	Fairbanks	May				
		LI TETEN MONTES LI	B. DATE OF BIRTH	9. AGE (In yeers last birthdey)				
		DWED DIVORCED	April 25, A	1880/ 80 yrs.				
10e. USUAL OCCUPATION (Gi	ve kind of work 10	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	ity & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Ret. Clerk B.	& M. Rail	Road	Vermont	t	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
William Fairba	anks		Delia A. Go	dding				
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	5			
(Y no, or unkown) (Ifyesgive	e weror detes of service)	? Wi	lliam H. Fai	rhanks Same	as # 2 (Son)			
18. CAUSE OF DEATH	[Enter only one cause	per line for (a), (b), end (c).]			I INTERVAL BETWEEN			
		cute throw.	bening it		ONSET AND DEATH			
IMMEDI.	ATE CAUSE (e)	cone constant	CO313 117 C	crouding an	they Tubers			
Conditions, if ony, which of the Arteriosclerolic coronary astery disease 10 year								
Conditions, if eny, which	(b) /D2	vericockeren	coronar	ey cestery or	usecese 10 year			
(e), steting the underlyin					0			
ceuse lest.	(c)							
PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
\$ Thre	milos	sot cereb	ral art.	ern	YES NO			
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peut Ar Part II of Item 18.)							
200. ACCIDENT WAS UND OR CONTRIBUTING CAU OF CONTRIBUTING MEDICAL	AL EXAMINER)							
3 20c. TIME OF INJURY	Month, Day, Year 2	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (Stete)			
20c. TIME OF INJURY /	1		tory, street, office bldg., etc					
	12	work et work	<u> </u>					
					.2, 196] that (I) (we) las			
saw the deceased ali	ve onMa	y21961., and tha	t death occured 5.	3 Mo Impm the causes	and on the date stated above			
220. SIGNATURE	11 1	1	ATTENDING	MED. STAFF	22b. DATE SIGNE			
	elle 1	Juus ,		DIRECTOR PHYS.	3,01			
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS					
23e. BURIAL, CREMATION, 2	36. DAJE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)			
REMOVAL (Specify)	5/5/61	WOodmont Cem	etery	East Burke	Vermont			
24 FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	25e. REG	D'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE			
F; Gasch's		towill	DATE	MAY 4 '61	Circhar S. Krous			
	iija (tsville, Md.	IDVIE		21, 700000			

DANCE LEGIS. Control of the state of the sta wings Daner's Comercal Monetheal Cold Cold Cold Cold AD PRINTED A DECEMBER Ret. Glerk: B. & M. Knil Ro H. 2000791 **** and the second and the maille of william to transfer came as the Cont 10,2,7 engical carrie feet year vietamet raumbook. .b. , olives y cosvile, id.

DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE Where decessed lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY c. CITY OF write RURAL end give neerest town) .⊑ ₩ NAME OF DECEASED (Type or print) 5. SEX AGE (In yeers | IF UNDER 1 YEAR Months WIDOWED De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired mono 13. FATHER'S NAME 15. WAS DECEASED EVE IN U.S. ARMED FORCES? (Yes, no, or unkown) (tryesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' (County) factory, street, office bldg., etc.) While Not While et work et work p.m. 21. I certify that (this hospital) attended the deceased from. saw the deceased alive on. ., and that death occured a from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. PHYS. M.D.

0 5 3 VR A15 (4) 15M 9/60

22c. PHYSICIAN'S

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1 5 '61

22d. APPRESS

. IS RESIDENCE ON A FARM? YES NO

19

Hours

IF UNDER 24 HRS.

PERFORMED

(Stete)

22b. DATE

SIGNED

PRINCE SERVE - PERMISSION PROPERTY Lance 3 BARTIMORE 17 EXURER DANTARIUM FAKE DRIVE ANG HEREN TERMERR 5 12 4-1-1876 85 VOMARE WHITE TE MORTH CARCHINA 45th 0.000 CHARIE ROTHSCHIRT HOOP RECORDS THURED SAMITARIUM 4810 45 1954 EVEN To uplease [994) opas H undere as few or steres of 8 years Mrs 1280 J 5-12- c) (250-63-56) 5-12- 61 / Entre? Huggen ERIKA P. KRAEMER Land San facion Lance In FIET HERN Translated ENE Pede were found a such aution from the said and the said

STARCAG STADERTSSA CHARLES SUNTEN May 1842 Sharp To a Thought Sharp Sharp Sharp TO H. STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 15M 9/60

ol

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

					0000
1. PLACE OF DEATH o. COUNTY			(Where deceased lived, If Ir		dence before edmission)
PRINCE GEORGES	MARYLAND	MARYLAND	PRINCE GE	ORGES	
b. CITY OR TOWN (if outside corporete limits, c. 1	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and giv	ve neerest town)
write RURAL and give neerast town) CAMP SPRINGS	15 DAYS	OXON HILL			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
USAF HOSPITAL, ANDREWS AFB MI	0	4800 KIRBY	HILL ROAD		YES NO 1
3. NAME OF First DECEASED	Middle	Last 4	OF Month		ey Yeer
(Type or print) GERTRUDE N		INK	DEATH MAY	31	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers		
FEMALE CAU WIDOWED X	DIVORCED S	SEPT 16, 1899	last birthdey) Olimination	Months Day	s Hours Min.
	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSEWIFE		PENNSYLV	ANIA	US	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
CHARLES HENRY FINK		GERTRUDE M	ARIE MILLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. IN	IFORMANT	Address		
(Yes, no, or unkown) (Ifyesgive werordetes of service)	05-0838 DORG	OTHY F MILLER	,4800 KIRBY H	ILL RD	WASH 22 DC
18. CAUSE OF DEATH [Enter only one cause per line fo	r (e), (b), end (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: INFARCT	ION, MYOCARDI	LUM, ACUTE, F.	ATAL		ONSET AND DEATH
2/12/					
Conditions (A NA CARC	A. UPDATTO. I	RENAL DISEASE			1 MONTH
geve rise to immediate ceusa	A; HEFAITO; I	GOMICI DINE			1 11011111
(a), stating the underlying DUE TO	0				UNKNOWN
couse last. (c) DIABETE		DELATED TO THE TERMINA	DISEASE CONDITION CIVE	NI INI DADT 1/a	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JING TO DEATH BUT NOT	KELATED TO THE TERMINA	E DISEASE CONDITION GIVE	N IN PART I(a	PERFORMED?
C41					YES INO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20s. ACCIDENT WAS UNDERLYING 20s. ACCIDENT WAS UNDERLYING 00 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED.	(Enter netura of injury in Per	t I or Pert II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d. INJUR		E OF INJURY (Home, farm,	2Df. (City or town)	(County)	(Stete)
E work	I AOI AA IIIIA	ry, street, office bldg., atc.)			
		5 MAY	61 to 31 MAY	10 6	1 . (1) () 1
21. I certify that (I) (this hospital) attended saw the deceased alive on 31 MAY	the deceased from		M, from the causes a	and on the	that (I) (we) las date stated above
220. SIGNATURE		ATTENDING 37 MEI			MAY 1961 DATE
Chancer B. Mah	on M.D	PHYS. A DIR	ECTOR PHYS.) <u>1</u> I	MI 1901
CHARLES B MAHON, CAPT, USAF, M	IC	USAF HOSPITA	L, ANDREWS AF	B, MAR	YLAND
	NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, low	n or county)	(State)
6 6/2/4/	Kest Marie		Hanan S	ra. Je	nk Gi
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Pa DATAUN	BY REGISTRAR 256. REG	ISTRARIE SIG	MAJURE
Mideral Ducher	xanaa L	DATE UN	<u> </u>		

* A COMPANY OF THE REAL PROPERTY OF THE PROPER

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TO HO XAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

Yes a TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

5.

10e.

13.

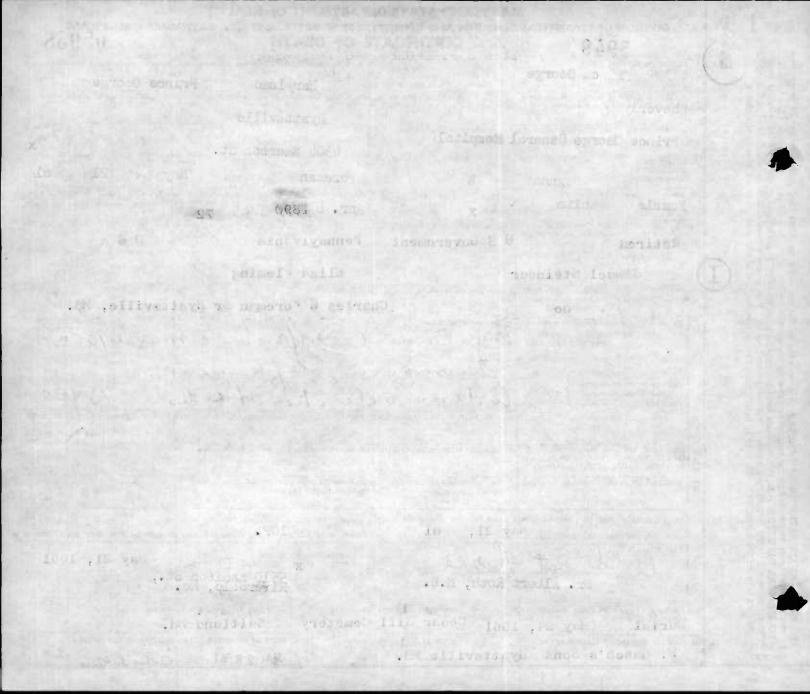
15. (Yes

MEDICAL CERTIFICATION

23e.

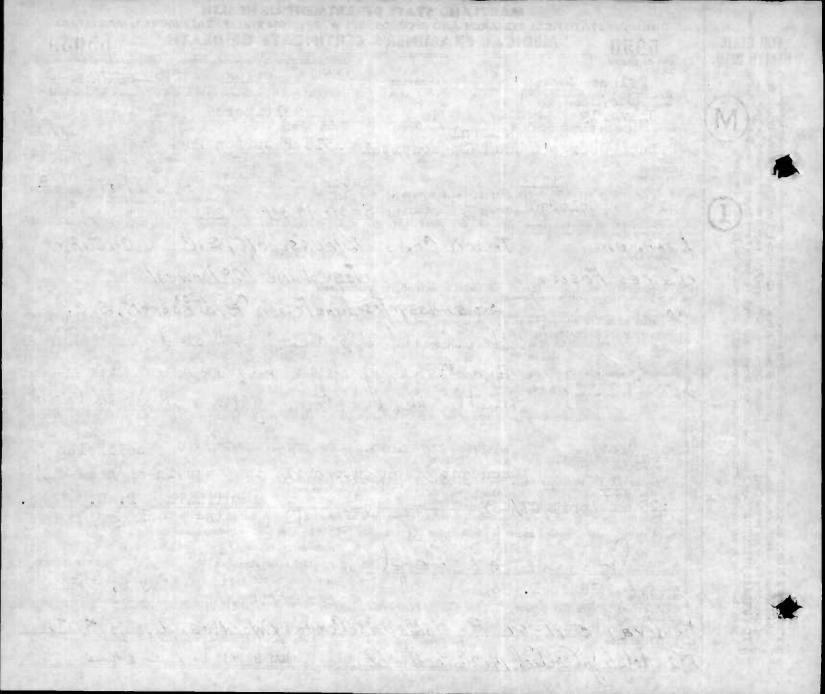
24

		MARY	LAND STA	TE DEP	ARTMENT C	F HEALT				
	F STATISTICA	L RESEA	CERTIF	ICATE	OF DEAT	N STREET,	, BALTIMO	RE 1, MAF	059	38
LACE OF DEATH	T U	Item	8 Film (3288	USUAL RESIDE	William de	I lived 16	metitudian. David	anaa hafara	admission)
	rce George			2	a, STATE	ACE (Where de	b. CQUN		ence betore	e amission)
LI TILE GOOT BO			MARYLAND		Maryland Prince George					
CITY OR TOWN (if outside corporete limits. c. LENGTH OF STA			AY IN 1b	c. CITY OR TOWN		orate limits, write	RURAL and giv	e nearest to	wn)	
cheverly nd					Hyatts	ville	1	2		
. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			Iress)	d. STREET ADDRES	5				RESIDENCE	
Prince Ge	eorge Gener	ar Hos	bicar		Lool B.	sam 64			YES	NO X
NAME OF	First		Middle		THE THE	erson St	Month	De	_	
DECEASED	Litat		Wingle		F031	OF	24		27	67
Type or print)	Anna		E		Foreman	DEATH	May		19	, 01
EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B. D	ATE OF BIRT] 9.	AGE (In yeers	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
Female	White	WIDOWED			pr. 4 189	1889	72 rs.	Months Deys	Hours	Min.
USUAL OCCUPATI	ON (Give kind of wor	10b. KI	ND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Cou	inty & State, or I	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
Retired	king life, even if retire	US	Governme	ent	Pennsylva	nia		US	A	
FATHER'S NAME				14	. MOTHER'S MAIDE	NAME				
Samu	el Steino	ur			Eliza F	leming				
	R IN U.S. ARMED FOR		OCIAL SECURITY	NO. 17. IN	ORMANT		Address			
, no, or unkown) (If	yes give we ror detes of s	service)			rles H Po	reman S	r Hyatt	sville	, Md.	
IB. CAUSE OF D	EATH [Enter only one	cause per li	ne for (e), (b), end	(c).)	N 1				NTERVAL B	
	WAS CAUSED BY:	Mu	10 can	rhal	Info	inclin	im	unce	ONSET AND	DEATH
420.0	DUE TO	17		1	de	16	10.1			1
Conditions, if any		-/1	norn	6081	2	4,	Jens			
(e), steting the ur	DUIT TO	1	1		7 + 6	11	1 1		15NA	1
causa lest.		u	uno	00	ero lie	19	- us	130	2/	
PART II. OTHER	SIGNIFICANT COND	TIONS CONT	RIBUTING TO DEA	TH BUT NOT F	ELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
									PERF	NO T
									YES	NO [
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURED. (E	nter nature of injury i	n Part I or Pert II	of item 1B.)			
20c. TIME OF INJU	RY Month, Dey, Ye	or 1 20d. It	NJURY OCCURRED	1 20e PLACE	OF INJURY (Home, fe	rm, : 20f. (City	or lown)	(County)		(State)
Hour a.m.	19	While at work	_Not While _		, street, office bldg., a			(300)		,
,		tal) allead	ad the deces	ad far-		10 to		10	4b-4 (I)	(wa) last
	nat (I) (this hospi ed elive on									
220. SIGNATURE	17	1							22	b. DATE
(lel	bert	Re	den	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	May 2	21, 19	61 IGNED
22c. PHYSICIAN'S NAME (Type)	Dr. Albe	rt Rot	h, M.D.		22d. ADDRESS	510 Mad liverdal	ison St	•,		
	and Look Bridge	Dr.Or.	00 14445 05	CFLIFTEDY CT	CDEMATORY	1004 100	ATION (C)			(FA-A-)
BURIAL, CREMATIC REMOVAL (Specify) Burial	May 24.		Cedar		emetery		and Md.			(Stete)
FUNERAL DIRECTOR			ADDRESS		25e R	EC'D BY REGIST			NATURE	
F. Gasch's Sons Hyattsville Md.										
			STILL M	iu •	DATE	MAY 26'6		lithur & 9	Trace	



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) funeral director. Page sined for your files. State Board of Health, a. COUNTY b. COUNTY Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town write RURAL and give nearest town) Baltimore Cheverly days d. NAME OF HOSPITAL OR INSTITUTION (if and in hospital, offer street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1515 Paterson Park retained State Hospital YES NO NAME OF DATE Middle DECEASED the (Type or print) DEATH 19 6] May oster 99 9. AGE (In yeers | IF UNDER 1 YEAR with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days DIVORCED | form PM3. Page 5 nit. File pages 1 and 2 event within 72 hou 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 8. Give Pages 1, Track Co. haborer 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? ames 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED BY. stock, S.C. INTERVAL BETWEEN I-transit p ONSET AND DEATH IMMEDIATE CAUSE (e) in pencil Office DUE TO burial removal, writing the word "pending" Chief Medical Examiner's C gave rise to immediate cause O DUE TO (a), stating the underlying used should be used ial, cremation, c CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Kor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 1B.) collision Occupant of 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Muirkirk at work 8:25 p.m. April 127/ at work Road Road Industrial Industrial Road Industrial DIRECTOR: Fed agent, prior and in my opinion death resulted from: Natural causes Accident X Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Boyd James NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) ioBaptist Cenetery Woodward SLESS 1246. REGISTRAR'S SIGNATURE 40 9 VS. A15ME DATEMAY 9 '61 arthur S. Kross 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5951
CERTIFICATE OF DEATH

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where d	accessed livad, If institutions Re	sidence before edmission)
Prince George MARYLAN	2	B. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		porete limits, write RURAL and	give nearast town)
Cheverly L days	Compton Ma	1 16	X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . Md.		a. IS RESIDENCE ON A FARM?
Prince George's General Hospital 3. Name of Deceased (Type or print) Kate M	St. Clement's	мопп	Dey Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Freeman S	AGE (In yeers IF UNDER 1 Y	
Female White WIDOWED X DIVORCED	Feb. 6,1881	last birthday) Months Di	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
House wife Home	Penna.	U.S	5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
D. J. McAdam	Kate Wisha		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unkown) (Ifyesgiva war or dates of service)	7. INFORMANT	Address	
no	John D. Freeman 6202	Shadyside Rd.	. Capitol Hgt
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).)	2	0	MEYALIHMEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mela herno	las	4 Clan
3 3 1 X DUE TO 0	A	1	1.0
	· Variables on i		Coham
Conditions, if any, which gave rise to immediate causa	cur euro		
(e), stating the undarlying DUE TO			
(o)) starting the underlying			
cause last. (c)			
cause last. (c)	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	T NOT RELATED TO THE TERMINAL DISEASE JRED. (Enter nature of injury in Part I or Part		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH BUT ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter natura of injury in Part I or Part	ll of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH BUT ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter natura of injury in Part I or Part		YES NO
COUSE Last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) COLUMN 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JRED. (Enter nature of injury in Part I or Part PLACE OF INJURY (Home, farm, † 20f. (Cit	ll of item 18.)	YES NO
Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20s. While at work 19 19 19 19 19 19 19 1	PLACE OF INJURY (Home, ferm, factory, street, office bldg., atc.)	y or town) (Count	YES NO (State) YES (State) (State)
Couse last. Column Part II. Other Significant Conditions Contributing to Death But	PLACE OF INJURY (Home, ferm, factory, street, office bldg., atc.)	y or town) (Count	YES NO (State) (State) (State) (State)
Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20s. While at work 19 19 19 19 19 19 19 1	PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) omMay	y or town) (Count	YES NO (State) YES (State) (State)
Column C	PLACE OF INJURY (Home, ferm, factory, street, office bldg., atc.) omMay	y or town) (Count May 19.6 the causes and on th	YES NO (State) (State) (State) (State)
Column C	PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) That death occured a 10 May	y or town) (Count May 19.6 the causes and on th	YES NO (State) (State) (State) (State)
Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. While Not While at work 21 work 21 work 21 work 22 work 23 work 25 wo	PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) Om	y or town) (Count May 19.6 the causes and on th	YES NO (State) (State) (State) (State)
DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. 19 st work 10 st wor	PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) That death occured a 10 May	y or town) (Count Y or town) (Count May 19.6 The causes and on th STAFF PHYS. ATION (City, town or county) authors	PERFORMED? YES NO (State) (State) (State) (State) (State) (State) (State)

TO HO STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any went, within 72 hours after death. 15M 9/60

within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH	DVI AND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	KTLAND
5952 CERTIFICATE OF DEATH	05942
LACENOF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Re-	sidence before admission)
COUNTY . 6. COUNTY	
Trince George . MARYLAND West VIVOINIA	1000000
CITY OR TOWN (if outside corporate limits, write RURAL and swite RURAL and swi	give neerest town)
Part I I I I I I I I I I I I I I I I I I I	854
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	. IS RESIDENCE
+ 12 11 11 - 2 + + 5+	ON A FARM?
ain! Dranch Nursing Home 502 State of	YES NO
IAME OF First Mode Last 4. DATE Month OF	Dey Yeer
(ype or print) Joseph (None) Gover DEATH May	23 196/
EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
Male WIDOWED DIVORCED June 24 1777 Respiratory	ys Hours Min.
	EN OF WHAT COUNTRY?
during most of working life, even if retired)	5/1
Tainter Irivale Business Weston Co. W. Va. I a	J. M.
FATHER'S NAME	
Preston Glover Selina Millard	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
No (Ifyosgivewerordetes of service) None Nursing Home Records	<
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) Levebral Voscular Nice devil	oneweek
DUE TO	CONTRACTOR N
	DOMET CHAPTER
gevarise to immediate causa (b)	
(e), stating the underlying DUE TO	
causa lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
Constitute the + File Control to townsolvery	YES NO V
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stete)
fectory street office bldg atc.)	

MEDICAL

21. I certify that (I) (this hospital) attended the deceased from February 10 ..., 1960, to 5-22 19.6/., and that death occured all 357M, from the causes and on the date stated above. 226. DATE SIGNED

ATTENDING MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S

NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify)
Burial 23b. DATE THEREOF 23d. LOCATION (City, town or county)

5/26/61

Terra Alta Cemetery Terra Alta, West Virginia

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons DAMAY 25 '61 Hyattsville, Md

ove carbon papers. Pages 1 event, within 72 hours after physician and comple requires that the death certificate be execuhen please remove g physician. signed by the attending death rage 4 may be retained by the hospital on 2 TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for use as the be filed with the State Dept, of Health prior to but

within 24 hours after

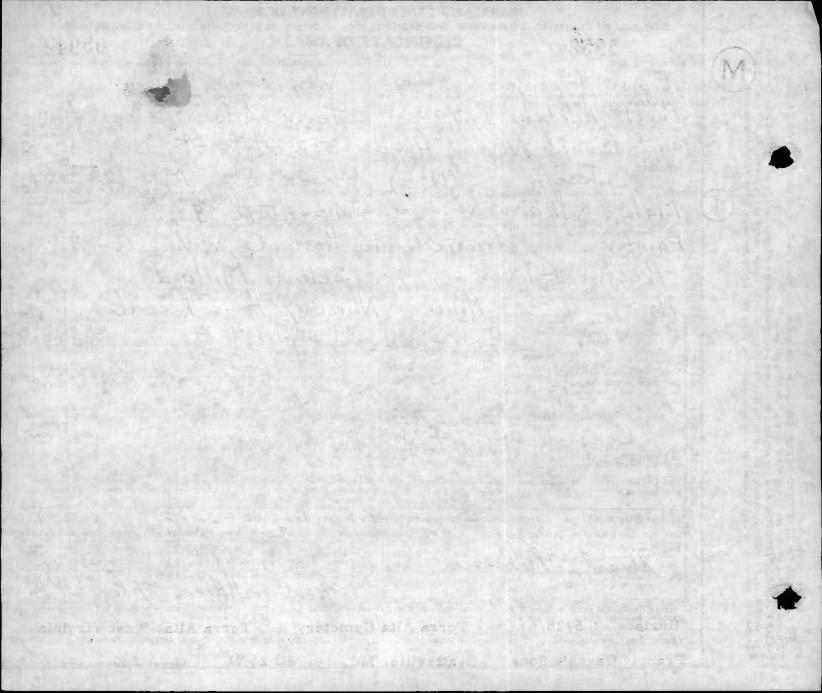
and filled in by Pages 1 and

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10e. don 13.

15. (Yes

15M 9/60



5953		CERTIFICA
ATH		
Prince	Georgeal	MARYLAND

05943

3330	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr. G	eo's
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
RURAL ond give nearest town) Brandywine 42 years	Brandywine	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	1	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Doy Yeor
(Type or print) Roga Maude	Goldsmith DEATH May	17, 1961
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	March 4, 1898 63 yrs. Months C	Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
Housewife Own Home	Marvl and U	. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John F. Goldsmith	Ada Williams	
	NFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service) NO ————— Ja	mes H. GoldsmithBrandywin	e, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	d Dantout	ONSET AND DEATH
UE TO		
9 0	a Comp Di	Co-
Conditions, if ony, which gove rise to immediate (b)	al vase .	4
couse (o), stoting the under-	\mathcal{N}	TEAN S NEWS
lying couse tost. (c)		<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
<u> </u>		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stole)
Hour o. m. While Not while for	ctory, street, office bldg., etc.)	
year J A	56 6 13	
21. I certify that I attended the deceased fram. 5-10		ast saw the deceased
alive an 5 - 17 , 19 G / , and that death	accurred at I: OPM, from the causes and on the	e date stated above
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE tulle h Doban my	M.D. Brandywine, Maryland	5/17/61
Richard H. Dobson, M.D.		
PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
_REMOVAL (Specify)	Cemetery Baden	Md •
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
Ritchie Bros.Fun'l Home-Upper Man		
MICHITA DIOS . L MIL. I HOMO-Obbot Mai	DATE JUN 1 01 arthur S.	Tiralia

may be fained by the haspitol or ottending physicion.

D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A1S (4)

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

urs ofter death. Page 4

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	HTABOTO STACE	HURS P.	
	Delayera de Laza		
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	rinamenta (j. 1829) M		
		Professions.	
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		Tear det	

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FOR STATE HEALTH DEPT funeral director. Page delay is necessary, please execute the certificate, writing the word "pending" in pencil in liem 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. UIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

TO DI

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5954

1.50 SA

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
. COUNTY Prince ?George's MARYLA	o. STATE Marykand b. COUNTY Prince George's
b. CITY OR TOWN (if outside corporate limits, white RURAL and give nearest lown)	
wite RURAL end give neerest town) D.O.A.	Cheverly 4
d. NAME OF HOSPITAL OR INSTITUTION (II not In hospital, give street eddress	ON A FARM?
Prince George's General Hospital	, 6300 Jocelyn YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Monica Ann	Grace OFF May 10, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None None	Maryland 11. Birthplace (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond James Grace	Mary Helen Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Hyesgive weror delegof service)	17. INFORMANT 3735 Camden Street S. E.
No None	Paul R. Frace Washington D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorria	ge and shock
DUE TO	
Conditions, if eny, which \ (b) Fractu	red base of the skull
gave rise to immediate cause (e), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CYLL CALL	PERFORMED? YES NO. TO
	IRED. (Enler nature of injury in Pert I or Part II of item 18.)
	k by an automobile
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While of work of work of work of work	De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele) fectory, street, office bldg., etc.)
:15 Houtona 5/10/61, While Not While at work	Street Cheverly P. G. Md
21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident .	Suicide . Homicide . Undetermined manner
11 1/2 003	CHIEF MEDICAL EXAMINER
SIGNATURE LUMON FT HO	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'	DEPUTY MEDICAL EXAMINER MAY 10, 1961
NAME (Type) / James I. Boyd	Address (Street, city, fown, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF COMET	ERY OR CREMATORY 22d. LOCATION (City, Igwn, or country) (Stete)
Isural may 19/6/ Mr les	wer wash. N. V.
77 Lantilly 1701 20 PA	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAY 1 2 '61
J. Tyonulli. 1112 /100	DATE DATE arthur S. Thank

		PARTITION OF HEATTER		the transfer of	
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Burial May 10/11 MN Clioch Will B. C		elification of	dans i mili a kve ni kri V 2027 čim spraveten	LE SULLINGE SERVICE	
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Burial May 10/61 MX Clionx Wash D. C			THE WORLD WINDS	To (01/2	U. Nov. Con Sept 182
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MARYLAND STATE DEPARTMENT OF HEALTH

	5955		2. USUAL RESIDE	NCE (Whare daceesed lived, If	institution: Residence before admission
a. COUNTY Pr.	George ·	MARYLAND		d. coun	Pr George
	if outside corporete limits, d give neerest town) t Hgts.	c. LENGTH OF STAY IN 1b	Hiller	of the state of th	18
	TAL OR INSTITUTION (If not in)	nospitel, give street address)	d. STREET ADDRES	SS	e, IS RESIDENCE ON A FARM YES NO
NAME OF		Middle	1 2004 -	24th Pl.	
DECEASED (Typa or print)	DENNIS First		ray	OF	lst.1961. 19
Male	6. COLOR OR RACE 7. MARI	KIED INEVEK MAKKIED	. DATE OF BIRTH	last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min.
		KIND OF BUSINESS OR INDUSTR	ct. 13,18	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTR
	orking life, even if ratirad)	Fire Dept.	D.C.	ounty & State, or totaligh country)	U.S.
3. FATHER'S NAME		- 110 0000	14. MOTHER'S MAID	EN NAME	
Andrew			450	ephine E Brow	m
	FR IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no	1) osgiva novoi dolosovico)		Mrs Dorot	hy Williams -	same as above
18. CAUSE OF	DEATH [Enter only one cause por H WAS CAUSED BY: IMMEDIATE CAUSE (e)	er line for (e), (b), end (c).]	At bloc		INTERVAL BETWEEN ONSET AND DEATH
		nteriosclero	tie hea	it disease	11
Conditions, if an	y, which (b)				

208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

(Stete) (County) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, streat, office bldg., etc.) Not While Hour a.m attended the deceased from. 21. I certify that (I) (this hospital)

and that death occurred at A.P.M., from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING

PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) Talbot Frank

DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county 23a, BURIAL, CREMATION, 23b. 6-3-61 Cedar Hill

24 FUNERAL DIRECTOR'S SIGNATURE Lee Funeral Home

EMPYA de decity)

ADDRESS Washington, D.C.

Suitland Ma.

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE JUN 2 arthur S. Kraus

VR A15 (4) 15M 9/60



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A CONTRACTOR OF THE	7 K 894 15 10 . Q . Q	o washing to	mon i saom	I- DOU

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS.

pe prior 3 should the registror TO FUNER VS A15 (4) 15M 9/58

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify

23. EUNERAL DIRECTOR'S SIGNAPURE

22b.

DATE THEREOF

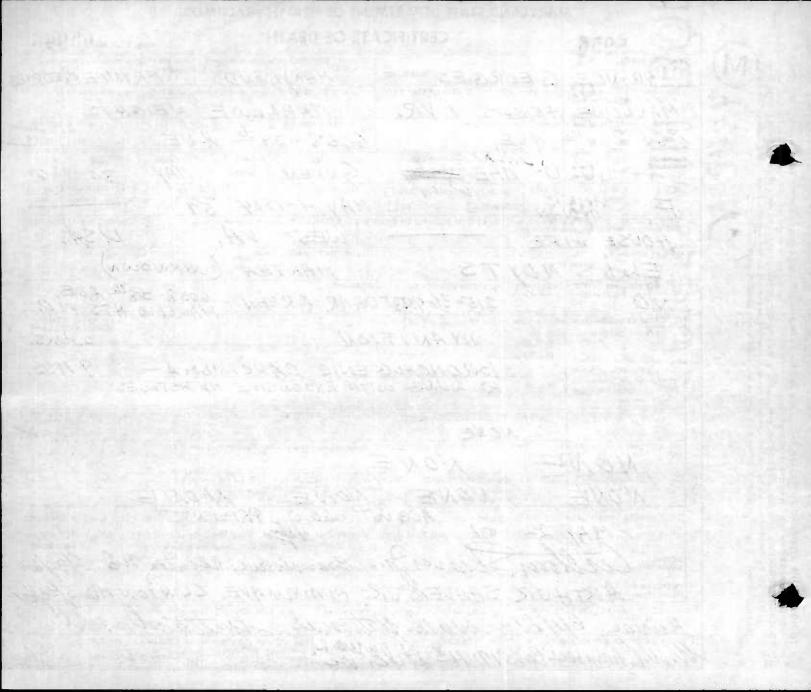
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Christing & Throng

22d. LOCATION (City, Jown, or count

ond that death accurred at 44.2 M, from the causes ond on the date stated obove.

1961

(State)



			1
IO HO TAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death age 4 may be retained by the hospital or attending physician.	should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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H	S death age 4 may be retained by the hospital or attending physician.	sctor, p	filed w
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	15M	9/6	0

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MARYLAND STATE DE	EPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5957 CERTIFICAT	E OF DEATH U5947
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e, STATE b. COUNTY
Prince George MARYLAND	Maryland C. Cirr OR TOWN (If outside corporete limits, write kURAL and give newst town)
b. CITY OR TOWN (if outside corporate limits, writa RURAL and give neerest lown)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	7450 Livingston Road
3. NAME GE GE OF GE 'S GENERAL Hospital Middle Middle	GROVE OF Month Dey Year
(Type or print) Eugene (N.M.N.)	Groves DEATH May 13 1961
	8. DATE OF BIRTH 9. AGE (In years I F UNDERT TEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
Male White WIDOWED DIVORCED	April 15, 1890 71 ys.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY If. BIRTHPLACE (County & State, or folding country) 12. CITIZEN OF WHAT COUNTRY?
Contractor Selfempleyed	Muchigan U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAISEN HAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Unprown INFORMANT Address
(Yes, go, or unkown) (If yes give wer or dates of service)	1.11. le 2111 P/ D/16
18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (b), and (c).]	Villiam Stove III- Valmer Id &.C.
PART I. DEATH WAS CAUSED BY: Repair to the	art Failure ONSET AND DEATH
MMEDIATE CAUSE (a)	- Jaconii
Conditions, if eny, which	
geve risa to immediate cause	
(a), steting the underlying DUE TO	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ОП	PERFORMED? YES NO 1
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	O. (Enter neture of injury in Pert I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PL/	A CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. P.m. 19 20d. INNURY OCCURRED 20e. PL/ While Not While at work at work	tory, street, office bldg., etc.)
	April 12., 161., to May 13, 19.61, that (I) (we) last
	t death occured 701.30
220. Signillax W. Herrberg.	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) AAAV AA ULF DIZ DEF	22d. ADDRESS Le . II / 10/ Deu/
MAX MI MERZ BER	G. 1016- delig D' Deat Plesson 800.
236 BURIAK, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. OCCATION (City, town or county) (Stete)
Busial 3-16-61 W. Darn 24 FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. W. Phambers & Inc. 569-11 to	J. E. DATE MAY 1 7'61 Circles S. Krous
0.00	a. Mall

Trace touts y - (M with a light of the contract that the contract the contra The SI was a second of the sec 7:33 3.7. Marie Land Colombia C

FOR STATE HEALTH DEPT. TO DE VIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the further lifector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pour after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

EAL MEDICAL EVAMINED'S CENTIFICATE OF DEATH

3330 MEDI	CAL EXAMINER 3	CERTIFICA	E OF DEATH	09348
1. PLACE OF DEATH •. COUNTY				f Institution: Residence before edmissi
Prince George's	MARYLAND	a. STATE	7land b. cou	Prince George's
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			te RURAL end give nearest town)
write RURAL end give nearest fown) Cheverly	D. O. A.	Landover	r	25
d. NAME OF HOSPITAL OR INSTITUTION (if no	In hospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN
Prince George's Gener	cal Hogmital	6904 0	old Landover R	oad. ON A FARM
. NAME OF First	Middle	Last	4. DATE Mont	
(Type or print) Kenton	Lee Har	ris	DEATH May	25 1961
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
20,500		July 2. 194		Months Days Hours Min.
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT
Student	School	Missouri		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Henry Franklin Has	rris	Virginia	Grace Trotter	
S. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. I		Addres	
Yes, no, or unkown) (Ifyesgiva warordates of service	Way 22 19-42-2575		race Harris, s	ame as # 2
18. CAUSE OF DEATH [Enter only one cause	pe per line for (e), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Hemorrhage and	chock		ONSET AND DEATH
IMMEDIATE CAUSE (a)	monoritiese and	r Silvoir		
DUE TO	Q 3			
Conditions, if eny, which (b)	Gun shot wound	of the head		
(a), steting the underlying DUE TO				
cause fast. (c)				
PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY — CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO F
20e. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Par	rt I or Part II of Item 18.)	1 10 11 10 3
PRIMARY CONTRIBUTING CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Day, Year	Shot self in the h	LEAG CE OF INJURY (Home, fern	1 204 (61)	16 11
Hour e.m.		ory, street, office bldg., etc		(County) (Steta)
6:30 XXXX 5/25/67	at work at work		Tandover P	G Md.
21. I certify that I took charge of th	e remains described above, he	ld an Autopsy ,	Inspection Inqui	ry and in my opinion
death resulted from: Natural cause	S Accident , Suici	de X. Homicide	Undetermined r	nanner
0		CHIEF MEDICAL	-	DIN CONTRACTOR
ACTUAL SIGNATURE	1 do A	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
EXAMINER'S James I. Box	yd · · · ·	DEPUTY MEDICA		5/25/61.
2a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		city, town, or county) 22d. LOCATION (City, town	n, or countryly (State)
Burial 5-29-01	Natt Mem.	ark. Cem	Halls Chu	irch. Virgini
W. W. Chambers	Ed Riverdale	ma.	C'D BY REGISTRAR 24b. REC	•
		DATEMA	V 3 1 '61	other & Kraua

PULSE LEUR MIGUNE DE LES LA CONTRACTOR OF SCHOOL STATE OF Mer Charles and Charles Charles and Charle Talled same ablanty an and , nime as no about the ever will the Stall A valus matama na zwisa zwa pa (masu 1695 Tomograph with a villa

death rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

TO Ho

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05949

1. PLACE OF DEATH	200		2. USUAL RESIDENCE				idence before	admission)
	ince Georges	MARYLAND	°. STATE strict	t of Co.	lumbia	411		
	if outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpor	ate limits, writ	e RURAL end g	Ive nearest to	own)
	Glenn Dale, Md.	4 yrs. 2 mos	Washing	ton			7	X -
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS					RESIDENCE
Glenn	Dale Hospital		1819 East	Capito:	l Stree	et	YES	_
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h		180
(Type or print)	THELMA	T.	HILL	DEATH	May	19	9 19	961
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	DATE OF BIRTH		AGE (In years lest birthday)	Months Da		ER 24 HRS.
female		OWED DIVORCED	Feb. 18.192		_	Months Da	ys Hours	Min.
10a. USUAL OCCUPAT	TON (Give kind of work 1 orking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or fo	reign country)	12. CITIZE	N OF WHAT	COUNTRY?
Fountain G		Drug Store	Washington	, D.C.		U	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Willingto	n Fletcher		Fannie B	oston				
	ER IN U.S. ARMED FORCES?		NFORMANT	11 11 11 11	Address	\$	ALC: Y	
no	lfyesgive war or detes of service	unknown D	eceased					
		per line for (a), (b), and (c).]					INTERVAL E	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) Pu	lmonary Tuberculo	sis. Far Adv	anced			12 y	
00	2 × DUE TO							
Conditions, if any	which (b)							
gave rise to immed (e), stating the u	DUE TO							
cause last.	(c)							
PART II. OTHE		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PART 1		AUTOPSY FORMED?
PART II. OTHE Left Tho 20a. ACCIDENT W OR CONTRIBUTING OR FETHER, NOTIFY	racoplasty; C	or pulmonale					Accepted to	NO 1
208. ACCIDENT W		DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in I	Part I or Part II o	of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
Hour e.m.	JRY Month, Day, Yeer		CE OF INJURY (Home, farm		or lown)	(County)	(State)
Hour e.m.	19	While Not While	ory, street, office blag., etc.	' i				
	that (I) (this hospital)	attended the deceased from	March 18	19 5.7 to	May 1	9 19.6	1 that (1)	(we) last
saw the decea		161, and that					date stat	ed above.
22a. SIGNATURE	here wess	M	D. 1110	AED.	STAFF PHYS.	Mav	19,19	SIGNED
22c. PHYSICIAN'S		m.	22d. ADDRESS					
NAME (Type	Moe Weiss,	M.D.	Glenn Dal	e Hospi	tal, G	lenn Da	le, Md	•
23e. BURIAL, CREMAT REMOVAL (Specify	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county)	440	(State)
Burial	5/26/1961	Arlington	National	D BY REGISTR	Arling	ton. Vi	reinia	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS ON S	CO Pagua		AR 25b. RE	GISTRAR'S SIC	NAYURE -	
11. E. Ju	arves Co-	14341704	SY / W DAMAY	25'61	ant	Lun S. Krs	ud	

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DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence Velle admission) . PLACE OF DEATH a. COUNTY b. COUNTY a. STATE by the and 2 death. MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) write RURAL and giva nearest town) days Washington .5 7 Glenn Dale (rural) filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENC d. STREET ADDRESS papers. Pag in 72 hours ON A FARM? Glenn Dale Hospital 810 6th St., N. W. YES NO X Month Middla Year complet DECEASED OF (Typa or print) DEATH Yoke 19 Sang Hor carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR) last birthday) and Months Days Male Chinese WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) China Cook Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pleas Ting Yu Hor Eng Shee Hor aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address. (Yas, no, or unkown) | (Ifyasgivawarordates ofservice) Decedent Unknown 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ig physicial signed by I. DEATH WAS CAUSED BY: Massive pulmonary hemorrhage 7 minutes IMMEDIATE CAUSE (a) has been signed he burial-transit DUE TO tending Far advanced pulmonary tuberculosis 10 mo. Conditions, if any, which gave risa to immadiate cause DUE TO (a), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Diabetes mellitus; para-aminosalicylic acid hypersensitivity PERFORMED? as o Microscopic exam. found bronchogenic carcinoma undifferentiated

208. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work at work may be retain DIRECTOR: 5/29/....... 1961, that (I) (we) last 19.61, and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Typa) Moe Weiss. M. D. Glenn Dale, Md. 23d. LOCATION (City, town or county) death. director 23a. BURIAL CREMATION, 23b. DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25a. REC'D BY REGISTRAR 45b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JUN 5 15M 9/60 DATE

Item 18 Film 297 10-3MARYMAND STATE DEPARTMENT OF HEALTH

district and the second analysis and the contract of the contra A Terrison bride married TOWNSHIP I THE PARTY and the control of th With liture

24. FUNERAL DIRECTOR'S SIGNATURE

F Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

25a. REC'D BY REGISTRAR

DATHAY 1 5 '61

5961			CERTIFICA	TE OF DEATH	1	MARTEAND	U	595	i
1. PLACE OF DEATH	nce George	's	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		d lived. If institution b. COUNTY	on: Residence bel	fore odmissi	ion)
b. CITY OR TOWN (I RURAL and give no Mt Rain		ts, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	5.0		URAL and give n	earest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, gottis Street		dress)	d. STREET ADDRESS 3204 Otis	Stree	t			DENCE FARM?
3. NAME OF DECEASED (Type or print)	Ma ry	st	Middle Lillian	Hughes	4. DATE OF DEATH	Man May	th 6	-/	Year 19 19
5. SEX female	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH April 6 18	85	9. AGE (In years plast birthday) yrs.	Months Doys		R 24 HR Min.
10a. USUAL OCCUPATION during most of work Housewill	king life, even if retired		nd of Business or Indi	North Ca			12.CITIZEN C	S A	OUNTRY
13. FATHER'S NAME	illiam T	Cardl	e	Mary Snu					
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)		nformant	son M	t. Raini			
	ATH [Enter only one co ATH WAS CAUSED BY: MMEDIATE CAUSE (o	C	for (o), (b), and (c).]	Hemon	Las	e		TERVAL BE	
Conditions, if o		6	erehal	arteriosch	eres	2		104	irs
gave rise to i cause (o), stoting lying cause lost.)			-			1	
PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>COP</u>	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(a)	19. WAS A PERFO YES	RMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Por	rt II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While _		LACE OF INJURY (Home, for actory, street, affice bldg., et		y or town)	(Count)	y)	(Stote
21. I certify the	10	n attended	the deceased fram.	death accurred at 7	49, ta_	6 May		that (1) (v	
22a. SIGNATURE	ules I	ille	ed .	ATTENDING	MED.	STAFF PHYS.		5/6/	SIGNE
22c. PHYSICIAN'S NAME (Type)	Jules	G	lbert.	1) 22d ADDRESS 3200C	+146	UM Ro	1. Mt.1	Rains	HE
23a. BURIAL, CREMATIC REMOVAL (Specify)	ion 5/8/61	OF 2	Charlotte	OR CREMATORY		th Carol	/ /	(Stote	110

ADDRESS

Hyattsville, Md.

may C. etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 pages after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

directar,

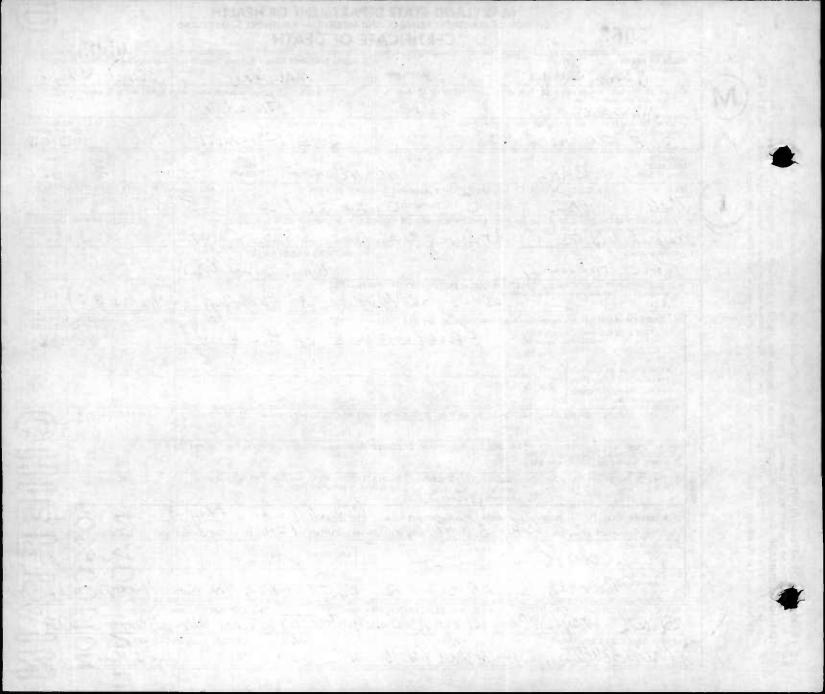
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	Agentan Securit	David Sala		
ERREDY DO	Since Street Brown			
and the same of March 1989	1767 - 47 67			
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CONTRACTOR OF THE PARTY OF THE PARTY.	3 83 107		Lo bella a la Transcha	
	PARCE OF THE STATE	.s. ,elever	nou anak a'abara '	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
CERTIFICATE OF DEATH

M1	5962 DIVISION OF	CERTIFIC	ATE OF DEATH	IMORE 1, MARYLAND	í, F	5050
	LACE OF DEATH L. COUNTY Prince Glarges	MARYLA	O STATE	there deceased lived. If ins		before admission)
E	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN	16 c. CITY OR TOWN (M)	Outside corporate limits, wr	ite RURAL and give	
L'	8. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION BEECHWEEL ROOM	address)	d. STREET ADDRESS	Beechwood	Road	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print) CARL	W. Middle	YUHNDOKFF	4. DATE OF DEATH	Month (24)	Day Yeor 3 196/
5. S	Male 6. COLOR:OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH May 22, 19	9. AGE (In y last birther		YEAR IF UNDER 24 HRS. Hours Min.
6	USUAL OCCUPATION (Give kind of work done 10b. puring most of working life, even if retired)	KIND OF BUSINESS OR II	1. A. V. 1. 1.	co, Defas	12. CITIZEN	NOF WHAT COUNTRY?
13.	FATHER'S NAME Hukodury	0	14. MOTHER'S MAIDEN	mane Mueller.		
15. (Yes	WAS DECEASED EVER IN U. S. ARMED/FORCES? (If yes, give war or dores of service) (If yes, give war or dores of service)	SOCIAL SECURITY NO. 541/0-8567	Mr. Gladys R.	Hukodory- (Address Dame as	1/2)
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (of (b), and (c).]	oua of +	le lung		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if ony, which) (b)			8		
	gave rise to immediate couse (a), stating the under-					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	JRRED. (Enter noture of injury in	Port I or Part II of item 18	.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Haur o. m. 19 While at war	Not while	e. PLACE OF INJURY (Home, far. factory, street, office bldg., et	m, 20f. (City or town)	(Cou	enty) (Stote)
	21. I certify that (I) (this haspital) attends saw the deceased alive on way	9 .//	at death occurred of	M from the chuse		, that (I) (we) lost
	220. SIGNATURE ROLL STORM	uch		AED. STAFF PHYS.	ond on mo	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) RONALD S. F.	LEISCHEI	2 90V SHE	RIDAN ST	1. 1/49	TSUILLE
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Way 6, 1961		ry or crematory hisiatory	23d JOCATION (GIV, 10)	wn, or county)	(State)
24	FUNERAL DIRECTOR'S SIGNATURE LATRICE MOLEUIS, 254-0	Carrall D47	W. DC DATEAY		REGISTRAR'S SIGN	



VR A15 (4) 1SM 9/59

5963

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05953

1	a. COUNTY.	MARYLAND		. COUNTY Prince George 's			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Seat Pleasant	6 Months	c. CITY OR TOWN (If outside corporote lim Seat Pleasant. Mary	10			
,	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 6557- Rollins Ave., S.E.	ddress)	d. STREET ADDRESS 6337- Rollins Ave.,	e. IS RESIDENCE			
	3. NAME OF DECEASED (Type or print) JAMES	Middle H	- Wat 9	Month Day Yeor Asy 31st 1961			
	s. sex 6. color or race 7. marri	DIVORCED	Feb. 14- 1889	birthdoy) Manths Doys Hours Min.			
		ind of Business or Indus	Virginia	12. CITIZEN OF WHAT COUNTRY? USA			
ļ	Maurice Hurtt		Mary Lanham				
	(Yes no or unknown) . (If was give war or dates of service)		mes W. Hurtt, Jr. Sam	Address e as # 2.			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying cause last. (c)	DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO DUE TO DUE TO					
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER;						
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While		ACE OF INJURY (Home, form, 20f, (City or tow ctory, street, office bldg., etc.)	n) (County) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram. 1966, to 20 and 31, 1966, that (I) (we) last saw the deceased alive an 29 1961, and that death accurred at 22 M, fram the causes and an the date stated above.						
	22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) ATTENDING MED. STAFF PHYS. D man 3/57 196. 22d. ADDRESS ## 3112- Ala. Ave., S.E. Washington, D						
	230. BURIAL, CREMATION, 23b. DATE THEREOF Burial June 3rd 61	23c. NAME OF CEMETERY OF Fort Lincoln		burg, Maryland,			
	24. JUNERAL DIRECTOR'S SIGNATURE 1661	ADDRESS Hope R	S.E. 250. REC'D BY REGISTRAR DATE JUN 5 '61	25b. REGISTRAR'S SIGNATURE CINTING S. KINGA			

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	And the state of the state of the state of	Arriva de la composición dela composición de la composición dela composición de la c
		Traversal und Long Hills.
		241.00
ion.		47 F F F

efter funeral should within 24 hours TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 0

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5964	CERTIFICATE	OF DEATH		00954
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If insti	tution: Residence before admission)
a. COUNTY		a. STATE	D. C. B. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c.	MARYLAND LENGTH OF STAY IN 16	CITY OF TOWN	If outside corporete limits, write RU	IRA1 and give negrest town
write RURAL and give nearest town)	, ,	6. 611 08 10 111 1	- /	
Cheverly	6 day 5	WASh	INGTON	4/X-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Prince George's Gener		200	R.I. Auc. 1	YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day Year
(Type or print) EUA CATHER	NE HUS	sey	DEATH MAG	23 196/
5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers IF !	UNDER 1 YEAR IF UNDER 24 HRS.
		1- 21- 0		onths Days Hours Min.
FRMALE WHITE WIDOWED	DIVORCED	5-30-9	66 yrs.	10 CITITON OF WILLT COUNTY
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ity & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Home	DuBoise.	Pennsylvania	U.S.A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN		
Jack Gardner	THE PARTY AND	Cora Kiro	chartz	
	IAL SECURITY NO. 17. IN	FORMANT	Address 2	00 Rhodes Island
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	1/200 Mr	Marrol III Hare	SCOT A BT TO	Wash 2 D C
NO NONE L/4	or (e) (b) and (c))	MATT TO THE	ssey, Ave., N.E.,	WASH Z. D. U. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	-1		f-	ONSET AND DEATH
IMMEDIATE CAUSE (e)	in fair	rereal	Las 1221 CA	osi taa
DUE TO	. ()			
Conditions, if any, which (b)	to John	turas C	eleturation	1 week
geve rise to immediate ceuse				
(e), stating the underlying DUE TO	And &	Cana	-0-0	2-411
cause last. (c)	100,00			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	UTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\[\frac{1}{2} \]				YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIE	E HOW INJURY OCCURED. (Enter neture of injury in	Pert I or Pert II of item 18.)	
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING CAUSE OF DEATH Unif EITHER, NOTIFY MEDICAL EXAMINER				
				(5)
0		OF INJURY (Home, fern y, street, office bldg., etc		(County) (Stete)
Hour e.m. While et work	et work			
21. I certify that (I) (this hospital) attended	the deceased from A	144 18	1961 to MAY 23	3 196/, that (1) (we) las
1 2 27		/ , 1	1 7:02	
saw the deceased alive on MAN 2	19.4.2, and that c	learn occured arka	M, from the causes and	22b. DATE
22a. SIGNATURE	1110		MED STAFF	SIGNE
Speel Khuran) ka	4.70 M.D		DIRECTOR PHYS.	
29c. PHYSICIAN'S		22d. ADDRESS		NO NO
NAME (Type) Dr. SAUL SCHWA	POTZBACK	1726 E	ye ST. N. W.	HashingTen D.C
23a. BURIAL, XXXXXIXXX 23b. DATE THEREOF 23	c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town	or county) (State)
REGRESSION TO	ant Tingoln Co	mat are-	Bloden share	11 2 2
	ort Lincoln Ce		BLadensburg	Mary Land.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
W. W. Chambers Co. J801 Cle	velded Are. Ri	yendale DATE H	AY 25 61 Chil	hun S. Kraus

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Tractic, Education C.E.A.

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Triming Don Mr. Stock N. Marrier, Mr. 1985, A M. C. M. C.

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WW. Chambers C. The Clavelland Act Marchall 1987 Decomon March

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	3303	CERTIFICATE	OF DEATH		05955
	1. PLACE OF DEATH	11	2. USUAL RESIDENCE (When	e decessed lived, If institution: Re	sidence before admission
1	e. COUNTY		e. STATE	b. COUNTY	()
1	b. CITY OR TOWN (if outside corpored limits,	c. LENGTH OF STAY IN 16	CITY OF TOWN I'V autido	corporete limits, write RURAL end	Tilled Georg
	write RURAL end give neerest town)	c. LENGTH OF STAT IN ID	c. CITI OK TOWN (IF buiside	torporere rimits, write KOKAL end	give neerest lown)
-	Cheverly	15 Day 5	BELTSVI	140	×
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	tel, give street address)	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM?
	Prince George's Gons	wall Weson to	Inla Baltin	ine Pike	YES NO X
	3. NAME OF First	Middle	Lest 4. DAT	E Month	Day Year
	(Type or print) Gertsude	77	CALOVA A DEA	TH DANIE DE	2 10/1
	S SEV	**	DATE OF BIRTH	10/44 4	196 /
	O. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	eys Hours Min.
	WIDOWED WIDOWED	DIVORCED	0-879	60 / yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
		Home	Virginia	111	SA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		~ .1
1	C T		C: . 1 C . 11:		
	Samuel Ingram 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SG	COLUMN SECTION AND A SECTION A	Cindy Collins		
	(Yes, no, or unkown) (Ifyes give wer or detes of service)		FORMANT	Address	
	no		rdon Ingram	Beltsville, Mo	1.
	18. CAUSE OF DEATH (Enter only one ceuse per line	for (a), (b), end (c).)			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmo	onary Embolism			ONSET AND DEATH
		estive H eart	failure		
	Condition II				
	geve rise to immediate ceuse				
	(e), steting the underlying DUE TO	riescloritic He	eart. Disease		01 / 100
	Ceuse 1831. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
					YES I NO
	200. ACCIDENT WAS UNDERLYING 200. DESCR	HE HOW INJURY OCCURED.	Enter nature of injury in Part I or Pe	ort II of item 18.)	
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 200, PLAC	E OF INJURY (Home, ferm, † 20f.	(City or town) (Count	ly) (Stete)
	Hour e.m. While	Not While fector	y, street, office bldg., etc.)	(40011)	(0.0.0)
	p.m. 19 et work	et work	1		
	21. I certify that (I) (this hospital) attende	d the deceased from.	17 / 126/	to MEN/23 , 19.6	that (I) (we) las
	saw the deceased alive on 5-23	196 and that o	death occured a/2.D.M., fi	rom the causes and on th	e date stated above
	22. SGNATURE				22b. DATE
	De MarilAregla	92 M.D	PHYS. DIRECTOR	PHYS.	- 32 -6 SIGNED
A	22c. ATYSICIAN	1.	22d. ADDRESS		-25-01
1	NAME (Type) / Dr. George /2	tAGRAGE.	37107 38	AVE CHAGO	artic with
and a	23e. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 1 23d. 1	OCATION LCity, town or county)	(Stete)
	REMOVAL (Specify)	BODA OF CEMETERY OF	De 7 1 1 7 20	- by John or county)	(Stere)
	Durial may 1, 1961	susvoiley.	necesar Ko	Kriaze Co	
	24 FUNERAL DIRECTOR'S SHENATURE	ADDRISS 81	10 //	GISTRAR OSB. REGISTRAR'S SI	
	+ Gesche sons /4	prience.	na DATE MAY 2	26'61 Carthur.	8. Kraus

Streetly Betterille These College for all fleget of a Lexindra like we 12 ES LAND OF HUMAN 13 611 100 Montestro ovo designation of leasured dayak lemma and the third Sortion therein wollerstille, id. mildering vommercials La see Harris 1975 to the shift of the May 25 1961 Puller willing martigle Dick Commence of the our his some Mystetimble Meller and the title of the

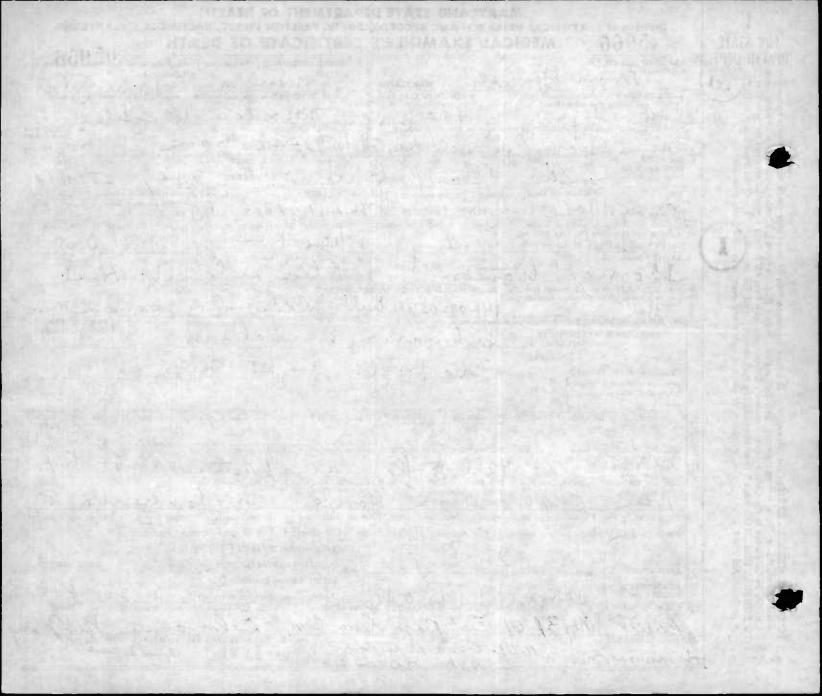
TO DAY ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a slay is necessary, make a sexecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the word director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

	MARYLAND STATE DEPARTMENT	OF HEALTH
	TICAL RESEARCH AND RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE 1, MARYLAND
5966	MEDICAL EXAMINER'S CERTIFICA	TE OF DEATH

		1.5050
1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If justification and admission) a. STATE: Waryland b. COUNTY France Course
1		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3		Merely 4000 Morlow Alians
2	7	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
. 0	J. K.	Truck George march toppela 5925-28 m leve YES NO EN
		NAME OF DECEASED A First Middla Last 4. DATE Month Day Year
		(Type or print) SEX 6, COLOR OR RACE 7, MARRIED NISVER MARRIED 18, DATE OF BIRTH 19, AGE (In value I) FUNDER 1 YEAR IF UNDER 24 HRS
	*	Pencele Whit WIDOWED DIVORCED May 12 1886 lest birthday Months Days Hours Min.
1		. USUAL OCCUPATION (Giva kind of work and during most of working life, even if relired) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (See or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Inspector renting New Here
1	13.	FATHER'S NAME
	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
		s, no, or unkown) (If yasgiva war or dales of servica)
	_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a)
		Conditions, if any, which (b) tracture it reglet high
		gave rise to immadiate cause
ä		(a), slating the underlying cause last.
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATIC	PERFORMED? YES NO
	CERTIFICATION	208. EXTERNAL CAUSE WAS 208. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of itam 18.) PRIMARY Or CONTRIBUTING
9		CAUSE OF DEATH. Tell to floor and froclined fre the
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm) 20f. (City or lown) (County) (Stata) Hour a.m. Whila Not Whila factory, streat, office bldg., etc.)
	ME	110 m 5-24961 at work at work of Home marlow reglets
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
10		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
3	0	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER TO
		EXAMINER'S NAME (Type) 1 AMPS T. BOY Address (Street, city, town, or county) 5-28-61
	22a	BURIAL, CREMATION 226. DATE THEREOF 22. NAME OF CEMETERY OF REMATORY 22d. LOCATION (City, town, or country) (State)
		Berlial May 31-61 East Rolge Lawn Com, Delawoung New Jerson
	23	FUNERAL DIRECTOR CADDRESS House ROSE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	A	emmons Bros. 166/- Crook Hope RUSE DATEMAY 31 '61 arilus S. Knows



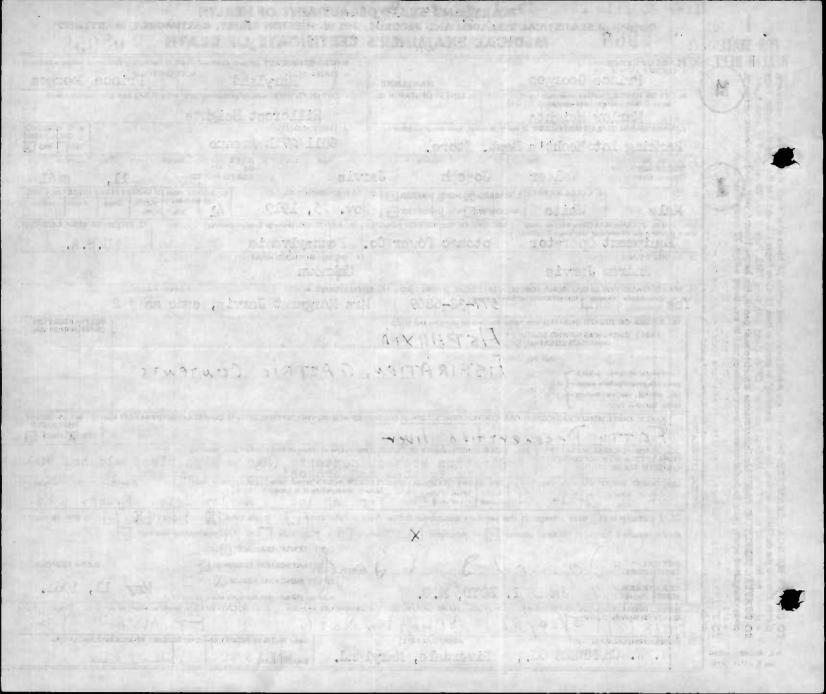
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10 hi LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 hours after		pdibo	plea	be filed with the State Dept. of Health prior to burial, cremation, or removal, and Preny yeart, within 72 hours after death.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

5967 CERT	IFICATE O	PEAIN			62	KOM				
1. PLACE OF DEATH COUNTY Prince George		sual residence STATATY Land			stitution: Reside		Hmission) ge			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF		CITY OR TOWN (II	f outside corpo	rete limits, write l	RURAL and give	neerest tow	(n)			
write RURAL and give nearest town) Cheverly 3 Da	ays U	Upper Marlboro								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street		d. STREET ADDRESS					IS RESIDENCE ON A FARM?			
Prince George General Hospital	Rov	ate 2 Box	2109	1		YES T				
3. NAME OF First Midd	le	Last	4. DATE	Month	Dey	Year	-			
(Type or print) Baby Tina Louise Jackson			OF DEATH	May	5	19	61			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED TE B. DATE	OF BIRTH	9.	AGE (In yeers I			24 HRS.			
		3, 1961	1963	last birthdey) 7	Months Deg	Hogrs	~55			
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES:			ty & Stete, or f	oreign country)	12. CITIZEN	OF WHAT C	OUNTRY?			
done during most of working life, even if retired) None None	е	Maryla	nd		U.S.	A •				
13. FATHER'S NAME		OTHER'S MAIDEN	NAME							
Milton Barnett		Rose Ag	nes Jac	ckson						
	TY NO. 17. INFORM	her		Same	2 -					
18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 762.5 Conditions, if eny, which gave rise to immediate ceuse (a), stating the underlying DUE TO	ind (c).)	le 3g)			NTERVAL BET				
COUSE lest. (c) CD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(e)	19. WAS A	UTOPSY ORMED?			
CATI							NO 🗍			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURED. (Enter r	natura of injury in F	Part I or Part II	of item 1B.)						
ZOc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURR Hour a.m. While Not While et work at work	factory, stree	NJURY (Home, ferm et, office bldg., etc.)		(County)		(State)			
21. I certify that (I) (this hospital) attended the decessaw the deceased alive on May 11 19.61										
Thomas A. Christershi	M.D. PH	IYS. D	AED.	STAFF PHYS.		226	SIGNED			
22c. PHYSICIAN'S NAME (Type) Dr. Thomas A. Christe	ensen. M.D.	d. ADDRESSO]		mone Ave	• 9					
REMOVAL (Specify)	Geo'. Gen. H	//	-	rlv. Md.	or county)	(5)	tete)			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		1 7 250 DEC		DAD 255 PEGI	STRAR'S SIGN.					
Harry W. Penn, Jr. Adm.		11								

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7		COUNTY_						e. STATE	NCE (Where		lived, If Institution			
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X	Ъ.	CITY OR TOWN (write RURAL end	f outside co give neare	orporate Ilmits, est town)		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	N (If outside co	orporate lim	nits, write RL	JRAL end giv	e neerest to	vn)
	1		ow He						rest H	eight	S	18		
	-					pitel, give street eddre	ss)	d. STREET ADDRES						A FARM
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3.	D	IAME OF ECEASED	7.7	First	-	Middle		Lasi	4. DAT		Month	Da	y Yes	4.00
1		ype or print)	.,,	alter		oseph		vis	DEA:	150	lay	11,		61
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_	_	Male			WIDOWED			lov. 25, 19		141	уга.			
		USUAL OCCUPAT				ND OF BUSINESS OR		Control of the land		country)		12. CITIZEN	OF WHAT	COUNTRY
		Equipmen	t Open	rator	Po	tomac Powe						U	.S.A.	
1:	3. 1	FATHER'S NAME	w Jar	and an				14. MOTHER'S MAIDI	EN NAME					
								Unknown						
11	5. \ Yes,	MAS DECEASED EV	ER IN U.S. /	ARMED FORCE prordetes of services	wine)	SOCIAL SECURITY NO			A T	2	Address	11 0	C)	
						7-38-6869	IV	irs Margare	t Jarv	ls, s	ame a			
	1	10 CHITCH OF P											APPRILATE DE	
					ause per li	ine for (e), (b), end (c)							NTERVAL BE	
		PART I. DEAT		USED BY:	ause per li	SPHYX								
1			H WAS CAL	USED BY:	A	SPHYX	IÀ					(
10.00		PART I. DEAT 921. 2 Conditions, if eny	H WAS CAI	USED BY: CAUSE (•) DUE TO	A	7	IÀ	GASTR	eie C	רעט	ENT	(
THE PART OF THE		921. 8	H WAS CAI IMMEDIATE	USED BY: CAUSE (•) DUE TO	A	SPHYX	IÀ	GASTR	eic C	ראט	TNA	(
		PART I. DEAT 921. Conditions, if eny geve rise to immedi (e), stelling the u cause last.	H WAS CAI	DUE TO (b) DUE TO (c)	A A	SPHYX SPIRATI	IÀ					s	ONSET AND	DEATH
NOL		PART I. DEAT 921. Conditions, if eny geve rise to immedi (e), stelling the u cause last.	H WAS CAI	DUE TO (b) DUE TO (c)	A A	SPHYX	IÀ					s	19. WAS	DEATH
CATION	No serious	PART I. DEAT 921. Conditions, if eny gove rise to immedi (e), stelling the u cause last. PART II. OTHER	H WAS CAI MMEDIATE I, which iete cause Inderlying R SIGNIFICA	DUE TO (b) DUE TO (c) ANT CONDITIO	ONS CON'	SPHYX SPIRATI	BUT NOT	RELATED TO THE TER	MINAL DISEA:	SE CONDIT	ION GIVEN	s	19. WAS	DEATH
PTIFICATION	No serious	PART I. DEAT 921. 2 Conditions, if eny gave rise to immedi (e), stelling the u cause last. PART II. OTHER TATT 200. EXTERNAL C/ PRIMARY I or CC	H WAS CAI 1MMEDIATE 7, which iele cause inderlying R SIGNIFICA Y AUSE WAS	DUE TO DUE TO (c) ANT CONDITIO	ONS CON	SPHYX SPIRATI	BUT NOT	RELATED TO THE TER	MINAL DISEA:	of item 18	ON GIVEN	S IN PART 1(e)	19. WAS	AUTOPSY ORMED? NO
CERTIFICATION	California	PART I. DEAT 9 2 1 2 Conditions, if eny gave rise to immed (e), stelling the u cause last. PART II. OTHEI TA 20e. EXTERNAL C/ PRIMARY or CC CAUSE OF DEATH.	which iele cause inderlying R SIGNIFICA	DUE TO (b) DUE TO (c) ANT CONDITIO	ONS CON' E M2- b. DESCRII Aspir	SPIRATION STORES HOW INJURY OCCUPATION STORES	BUT NOT	RELATED TO THE TERMINATION OF T	MINAL DISEAS Pert I or Pert II (Had 4	of item 18	non given	IN PART 1(e)	19. WAS	AUTOPSY DRMED? NO -
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FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH YLAND 959 D

vision of	STATISTICAL	RESEARCH AND	RECORDS, 30	I W. PRESTON ST	TREET,	BALTIMORE 1,	MAR	į
596	A MEL	DICAL EXA	MINER'S CI	ERTIFICATE	OF D	EATH	0.5	

"	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission	n}
	Prince George's MARYLAND	e. STATE Florida b. COUNT Dade	
A.	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
V	Cheverly D. O. A.	Miami Beach	ă
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS . IS RESIDENCE	
3	Prince George's General Hospital	1150 100 th Street	
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer	100
	(Type or print) Joseph Abraham Kante	40	
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS	
	Male White WIDOWED DIVORCED	Nov. 26. 1892 lest birthdey) Months Days Hours Min.	
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	Y?
	Merchant Food	Russia U. S. A.	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
	Abraham Kanter	Hilda	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgivewarordatasofservice)	NFORMANT Address	
	No 138-02-3639	Mrs Regina E. Kanter, same as # 2	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Acute congestive	heart failure	
	4 4 DUE TO	Treat of Tre	-
	0.11	onel discoss	
	geva rise to immediate ceuse	anar disease	-
	(e), stating the underlying DUE TO		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY	_
	E CANADAM COMMINION CONTROL OF CO	PERFORMED?	
	S PATERIAL CALIFE WAS LOW PERCENCE HOW BUILDING OF THE	YES NO X	1
7)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	nter nature of injury in Part I or Part II of Item 18.)	
		CT OF INHIBITY (II It LOOK (C)	
	ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) ory, streat, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion	-
	death resulted from: Natural causes X, Accident , Suici		
1		CHIEF MEDICAL EXAMINER	
4	ACTUAL COMPLETE HORSE	ASSISTANT MEDICAL EXAMINER DATE SIGNED	
	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER	
	EXAMINER'S James I. Boyd	Address (Street, city, town, or county) • 5/4/67	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Steta)	
	Burial May 8, 1961	Atlantic City New Tonger	
	23. FUNERAL DIRECTOR ADDRESS	Atlantic City, New Jersey. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	-
	W. W. CHAMBERS CO. Riverdale, Mary	1 11	
1			-

TO DEFORT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a belay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the ritheral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event. Within 72 hours after death. VS. A15ME 5M 7/59

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	EPARTMENT OF HEALTH	
5970 CERTIFICAT	s, 301 W. PRESTON STREET, BALTIMORE 1, MA E OF DEATH	15060
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institutions Re	sidence before admission)
e, COUNTY	e, STATE b. COUNTY	0
Prince George MARYLAND	o. STATE Md. b. COUNTY Prin	ce Geo.
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL end, give naerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest town)
Cheverly	Cheverly	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
3401 Belleview Ave.	3401 Belleview Ave.	YES NO X
3. NAME OF First Middle (KEA	TING) est 4. DATE Month	Day Year
(Typa or print) ALDEN T.	KEETING DEATH May	8 19 61
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
	27 Nov. 1897 last birthday) Months D	ays Hours Min.
done during most of condition life according to the first	RY 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
Manager Yellow Cab Co.	Mass. U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Keeting	Alice E. Emily	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yas no or unkown) ((fivesgive war or detection)	dna Keeting Same as 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),)		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY, Make Landa to	cancer for fran	ONSET AND DEATH
IMMEDIATE CAUSE (8)		Journa
DUE TO	A la la la iMaria	20100
Conditions, if any, which (b)	of the money	2 - mone
geve rise to immadiate ceusa (a), stating the underlying DUE TO		
ceusa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
OI VI		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D, (Enter neture of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH	, teller holdre of highly in the tell to the tell to	
		10
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or lown) (Country, straat, office bldg., atc.)	(Stata)
Hour a.m. p.m. 19 20c. IME OF INJUST Monin, Day, 1ser While Not While of Work et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	Tuly 18 1959 10 May Ph 196	, that (I) (we) last
saw the deceased alive on. May Sk 196 , and that	t death occured at M.M. from the causes and on the	
22a. SIGNATURE	death occured at	22b. DATE
11/1 Ray 100 Mes.	ALD. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	, ful 961
22c PHYSICIAN'S -	22d. ADDRESS	1
NAME (TYPE) TICL BERGEHANN	4314 fallow it Alyonsh	many can
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stete)
BuriaTeiv 11 May 61 Ft. Lincoln	n Cem. Bladensburg,	Md.
ADDRESS	20- DECID BY DECICTBAD 254 DECISTBADIS S	ICHATURE

eral director's signature Lee Funeral Home 300-4th St. N.E. Dash.

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	do	*	
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled way the funeral director	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	1
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and the state of t	0	pod	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.
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59	MAKTLAN	CERTII	FICATE OF DEATH	I—BALIIMOKE, I I	05961
	11	92.711			Reg. Dist. No.
o. COUNTY Prin	ce Georges	MARYI	o. STATE Mar y	ere deceased lived. If institution b. COUNTY	Prince George:
BURAL and give ne Hyattsvi	outside corporate limits, write orest town) . 110	c. LENGTH OF STAY I	Hyattsvi	utside corporote limits, write RU	JRAL and give nearest town) 52
d. NAME OF HOSPITA OR INSTITUTION 507 Chil	AL (If not in hospitol, give stre Lum Road	et oddress)	d. STREET ADDRESS 507 Chil	Apt. 30 lum Road	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First B ayar d	Middle Cole	Keough	4. DATE Mont	Doy Yeor 1961
SEX	6. COLOR OR RACE 7. M	RRIED NEVER MARRIE		9. AGE (In years lost birthday)	Months Days Hours Min.
male	white wind	WED DIVORCE	2/12/1908	53 yrs.	Months Doys Hours Min.
during most of work Radio = Tec FATHER'S NAME		dmiral Sal	R INDUSTRY 11. BIRTHPLACE (Stole Englewood 14. MOTHER'S MAIDEN N	d. New Jerse	12. CITIZEN OF WHAT COUNTRY
Frederic	William Ke	ough	Ella Cor	melius Cole	
WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war or dates of service) WW II			Addr abeth Keough	" 507 Chillum Hyattsville.
	TH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	RESPIRATO	IRY OBSTRUCT	TIGIY	ONSET AND DEATH
Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	he under-	GETASTAT ROM (A	NCER OF 1	TO LUNGS	3 1905
PART II. OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Wh		20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify the	at I attended the dece	ased from	, 19.53, ta	1119 , 1954	,that I last saw the decease
alive an	1/19 , 19	54 , and that			ind on the date stated above
ACTUAL SIGNATURE	Hanne R W	els.		ADDRESS (Street, city or town, cidan Street	
	Henry R. Wo	ır	Hyattsvi	lle, Maryla	nd
BURIAL, CREMATION REMOVAL (Specify) Burial	5/8/61		etery or crematory on National Co	22d. LOCATION (City, fown, on Arling to	
The S.H.H	ina a Ca 29	ADDRESS	240. REC	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

		MUNITRAPED STATE	ORANY TAKE	
	OF DEATH	CERTIFICATE		
Econtra and				
	A Committee of the Comm	1912/0917		
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	· Control of the cont		12 (6) 361	. L. Chill

5972

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

65969

	COUNTY RU	nce Georg	e MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived.	If institution: Resident Pro	ce before admission)	
	CITY OR TOWN (If our RURAL and give neare	st jown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate lin	nits, write RURAL and	give nearest town)	
(OR INSTITUTION	(If not in haspital, give street 304-0) on 1	Hill Rd. St	d. STREET ADDRES	- Oxon	till Rd.	e. IS RESIDEN ON A FARI YES NO	M?
	NAME OF DECEASED Type or print)	MAR 9AR	eT H.	Kerby	4. DATE OF DEATH	Month MA4	14 19 C	1
5. 5	temple	White widow		Aug. 13	898 6	E (In years of Months of M	Doys Haurs N	Ain.
	HO45e W	life, even if retired)	KIND OF BUSINESS OR IND	UASA	tote or foreign country)	DC,	1.5 A	IIRT?
13.	FÄTHER'S NAME DAN 1	e/ S. L.	ewis	MA	ude	Herbei	27	
		N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	O/A J. STI	richcomb	5925-7	ucker Ro	150
	PART I. DEATH	[Enter only one cause per li WAS CAUSED BY: IMEDIATE CAUSE (a)	Profor (o), (b), and (c).	the Burs			INTERVAL BETWE	TH
	Conditions, if ony, gave rise to imm couse (o), stoting the lying couse last.	which (b)	Metoseous Condian Gan	lung				
CATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PAR	PERFORMEI YES NO	07
CERTIFI	200. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	y in Port I or Port II of	item: 1B.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. While of wo	Not while	PLACE OF INJURY (Home, factory, street, office bldg.,		vn) (County) (Stote)
	saw the deceased	S 1417	ded the deceased from P.1_19, and that	death accurred at	19.59. ta 5	causes and an th	, that (I) (we) e date stated ab	ave.
	220. SIGNATURE	in & Lane		M.D. ATTENDING PHYS.	MED. STA	AFF YS.	5/14/65/	TE
	22c. PHYSICIAN'S NAME (Type)	dwin C.	LANC	22d. ADDRESS 5664	Living	STON Rd.	SE W	41/ 1d
L	BURIAL, CREMATION, REMOVAL (Specify)	5-17-61	23c. NAME OF CEMETERY	Cornetery	Broom	City, town, or couply)	(Stote)	-
24.	FUNERAL DIRECTOR'S S	Brus. 1661-	WASh 20	ed SE 250.	RECID BY REGISTRAR	25b. REGISTRAR'S SI		-5

may be Sained by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death. TO HOS VR A15 (4) 15M 9/59

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the attending physician ond completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filled with

Expose Strains and the state of the state of 11111 1070 MARGARET HE KARES I'M MAGELLAND Female White Fig. 1 1949 10 1878 (22 Ranghorna Terr De 7 4 4 4 LARGE S LEWIS MANJE MERICET Lole I Structions For when a see The A former of the second of 1 (1) (1) (2) (2) (2) (3) (4) (3) (4) February C. L. War E. Soll Som good at 35 Th Street Street Street Courter Street Street

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 IISHAL RESIDENCE (Where deceased lived, If institution: Rasidence bafora edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges Georges Prince MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Cheverly 7422 Taylor Street l day e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Prince Georges General Hospital YES NO Rellemeade 4. DATE Yeer Month OF DECEASED (Type or print) DEATH 19 61 Kessel May within 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work & State, or foreign country) done during most of working life, even if retired unobtainable U.S.A. None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unobtainable) and Frank Robert **Bettv** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give wer or detes of service) (same as 1b Hospital Records none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure 8 hours IMMEDIATE CAUSE (e) DUE TO Subendocardial Fibroelastosis from birth may be retained by the mosphes has been DIRECTOR: After this certificate has been 3 should be detached for use as the burnal-fr geva rise to immadiete causa DUE TO (a), steting the underlying Congenital Heart Disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [CERTIFIC 208. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) MEDICAL 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Day, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from..... 4. and that death occurred at 12.40 Mm the causes and on the date stated above saw the deceased alive on...... ATTENDING 22e. SIGNATURE STAFF MED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bealemeade., M.D. Dr. Fred Musser., M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Petersburg, W. Virginia Petersburg, removal 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arihur S. Thrus Hines Company Washington, D. CDATE JUN 1 '61 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

12 Pe

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physician

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signed by the

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FUNERAL ector, page

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death certificate be

195 A 2 30 10 2 000 21 - (of sent side, w) was You de onesy adversa ferigood soon sidulo meri - ALL CONTRACT LIBERT . IE removed 1 /2/61 Porevenue, w. Wireluth Piterstory, Most We. The E. H. Dines Company washington, D.Co., 187 197

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

a. COUNTY Prince George	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) a. STATE Maryland Profite George				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RURAL and gi	iva nearast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospilal, giva street address)	d. STREET ADDRESS			e. IS RESIDENCE
Prince George General Ho			Avenue		YES NO NO
(Typa or print) Nellie (Nell)	Middle	King	4. DATE OF DEATH	May 16	19 61
5. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOW		Nov. 19,189	- alact hi	In years IF UNDER 1 YEArthday) Months Day yrs.	
	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y & State, or foreign	country) 12. CITIZEN	N OF WHAT COUNTRY?
	S. Gov'T	W EST VIRG	INIA NAME	USA	
RICHARD H. WINGFIELD		ADELIA A	CVEDS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		CIZERO	Address	
(Yas, no, or unkown) (Ifyasgivawarordatesofsarvica)	MR	s. H.G. WINGF	TELD. WAY	NESBORO. VA	
18. CAUSE OF DEATH [Enter only one cause per		The same of the sa		1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	27 11000	dial.	info-	etim	ONSET AND PEATH
420.1 DUE TO	1		1		
Conditions, if any, which	V			The State of the Land	
gave risa to immadiata cause		- B - FF - 10			
(a), stating the underlying cause last.				Mr. Establish	
(6)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDIT	ION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY
CATIC					YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED). (Entar natura of injury in Pa	art I or Part II of itam	18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd Whi Hour a.m. Whi at we	leNot While fac	CE OF INJURY (Homa, farm, tory, streat, office bldg., atc.)		n) (County) (Stata)
21. I certify that (I) (this hospital) atte					, that (1) (we) last date stated above.
22a. SIGNATURE	······································	ATTENDING	ED. STA	FF _	1/6/6/ DATE SIGNED
22c. PHYSICIAN'S NAME (Type) F. F. M	USSEY, M	D 4410	7460	Le Sens	lour/fills
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY			(City, town or county)	(Slata)
BURIAL 5/20/1961	SALEM CHURCH	1	WILDWOO		
Joseph Hawler Son 175	- 6 Pa. are Min	D.C. DATE MA	104	256. REGISTRAR'S SIG	Trans

Danch D COOL DOCT - Bustynes War megraph collect will you would airdevice of Still Tall pick Language whose contra A CONTRACTOR OF THE STATE OF TH 40-18-4-11 Aller TAR Service A Company of Manager A (Manager A dall worth as anneald Mis. F. L. Missereite, Warnesbolle, JA. FER MISSER MD 4+1078 " SE- SE-COLUMN SALEM SAUS CHI CENEVERS STUDIO SEES STAND SEES STAND JATHUL ... The state of the s

(Yes, no, or unkewn) | (If yes give war or dates of service)

PART I, DEATH WAS CAUSED BY:

Conditions, if eny, which

geve rise to immediate cause

(a), steting the underlying

20c. TIME OF INJURY

saw the deceased 22a. SIGNATUR

YSICIAN'S

Burial

(Type

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

p.m

20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

cause lest.

CATION

IMMEDIATE CAUSE (e)

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]

DUE TO

DUE TO

ELECT

Month, Dey, Yeer

5/3/61

Sons

(b)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If Institution: Residence before admission) a. COUNTY b. COUNTY PrinceGeorges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporeta limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Cheverly Hyattsville day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7930 15th Avenue Georges General Hospital YES NO Prince 3. NAME OF DATE Yea DECEASED OF (Type or print) DEATH 61 19 Baby Boy Kirk May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Min. 1961 Male WIDOWED DIVORCED White May 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosalie Carroll Charles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address

GENITAL HEART DISEASE

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)

20e, PLACE OF INJURY (Home, farm,

factory, street, office bldg., etc.)

ATTENDING

22d. ADDRESS

DATE

PHYS.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

ADDRESS

Hvattsville, Md.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20d. INJURY OCCURRED

Not While

et work

While

et work

(PROBABLY TRANSPOSITION OF GREAT VESSELS

20f. (City or town)

PHYS.

23d. LOCATION (City, town or county)

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Washington D. C.

196/ to 2/

19.61, and that death occurred at 19.47 rom the causes and on the date stated above.

DIRECTOR

INTERVAL BETWEEN ONSET AND DEATH

LIFE

19. WAS AUTOPSY PERFORMED?

(County)

Cothur S. Krass

J....... 196/., that (I) (ast last

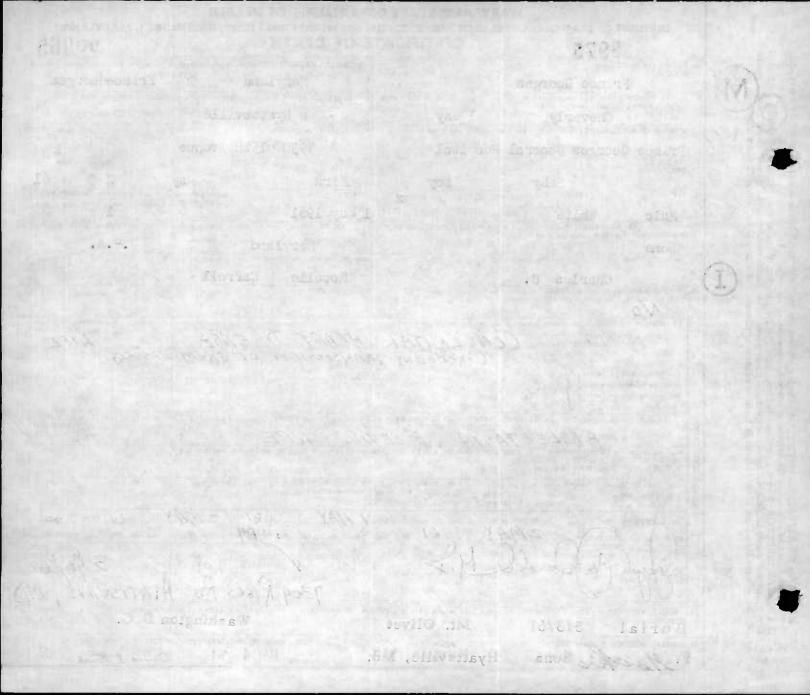
NO

(Stete)

22b. DATE

(Stete)

9 SIGNED



rs ofter death. Page 4 the attending physician ond completely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with

5976

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTI	FICA	ATE	OF	DE	ATH

	-			
1	E	1)	13	50
U	2)	14	D	m

00.0		CERTIFICA	THE OF BEATTI			JUNIA TO
1. PLACE OF DEATH o. COUNTY PRINCE	GEORGES	MARYLAND	2. USUAL RESIDENCE (WI		f institution: Residence COUNTY	ce befare admission
b. CITY OR TOWN (If autside RURAL and give nearest to ANDREWS AIR FO	wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O	outside carporate limits	s, write RURAL and g	ive nearest tawn)
d. NAME OF HOSPITAL (IF IN OR INSTITUTION USAF HOSP. AND	at in haspital, give stra	eet address) MARYT.AND	d. STREET ADDRESS	ND PLACE S	E	e. IS RESIDENCE ON A FARM? YES NO 🔯
3. NAME OF DECEASED (Type or print)	First ROBERT	Middle A .	Lost KNAUSS	4. DATE OF DEATH	Manth MAY	Day Year 9 1961
	UCASIAN WIDO	ARRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH 13 NOVEMBER		In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give during mast of working life, NONE	e kind af wark dane 1 , even if retired)	06. KIND OF BUSINESS OR INDI		ar foreign country)		TED STATES
13. FATHER'S NAME RONALD A KNA	USS	NEW FAIR	14. MOTHER'S MAIDEN I			
1S. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, gi	S. ARMED FORCES? ve wor or dates of service)		INFORMANT MOTHER	SAME AS :	Address ITEM #2	
1B. CAUSE OF DEATH [Er PART I. DEATH WA IMMET Canditions, If any, wh gave rise to immedi cause (a), stating the unc lying cause last.	S CAUSED BY: DIATE CAUSE (a) DUE TO ich (b) Other TO	PNEUMONIA MEASLES				INTERVAL BETWEEN ONSET, AND DEATH 2 DAYS
CATIC		NS CONTRIBUTING TO DEATH BU				1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Mar Haur a. m. p. m.	oth, Day, Year 20		RED. (Enter nature at Injury in PLACE OF INJURY (Hame, farr factory, street, affice bldg., etc	m, 20f. (City ar tawn)		Caunty) (State)
21. I certify that (I) (saw the deceased al 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) JOH.	he A	ended the deceased from Y 1961, and that MAJOR USAF MC	M.D. ATTENDING NO PHYS. 22d. ADDRESS	AED. STAFF AED. STAFF OIRECTOR □ STAFF PHYS.	uses and on the	MAY 61
23a. BURIAL, CREMATION, 231 REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGN Thomas M. Pt.		23c. NAME OF CEMETERY ARLINGTON N ADDRESS 1300—N St.N.W.,	ATIONAL CEM. 2Sa. REC	ARLING	VICE S Sounty) VIRGINIA SEE REGISTRAR'S SIG	GNATURE

may burefal DIRECTOR: After this certificate has been signed by the attending physician ond completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs ofter death. TO HOS VR A1S (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05968

	1. PLACE OF DEATH a. COUNTY			CE (Whare dacassad livad, If		e before admission)
1	Prince George's	MARYLAND	a. STATE Marvl	b. COUN		George's
1	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporata limits, write	RURAL and give n	aarast town)
	Hyattsville		d. STREET ADDRESS	ttsville		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1	4306 Farragut Street		4306 F	arragut_Street		YES NO
	3. NAME OF First DECEASED	Middla	Last	4. DATE Month	Day	Yaar
	(Typa or print) Harold	Julius	Kohr	реатн Мау	10,	19 61
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 24 HRS.
4			Sep. 28, 190		Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF	WHAT COUNTRY?
1	dona during most of working life, even if retired) Interior decorator	Construction	Illnois		U. S.	A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	William Kohr		Wilhemina I	Hess		
1		16. SOCIAL SECURITY NO. 17. II	NFORMANT	33 Bloomet	ury Squar	'e
	Yes, no, or unkown) (If yes give war or datasof service)	220-05-4725 Mr	s Evelyn Kol	ar, Annapolis	, Marylan	d
	18. CAUSE OF DEATH [Enter only one cause p	ar lina for (a), (b), and (c).]				ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorrhage and s	hock		Oit	DET AND DEATH
	579V DUE TO					
	Conditions, if any, which (b)	Gasterointestina	l hemorrhage	9		
	gave risa to immediata causa					
	(a), stating the underlying					
		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19	. WAS AUTOPSY
	OH.					PERFORMED?
	20a. EXTERNAL CAUSE WAS 20b. DES	SCRIBE HOW INJURY OCCURED. (Er	ntar natura of Injury In Par	t I or Part II of item 18.)	1.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT					
	20c. TIME OF INJURY Month, Day, Year 20	f. 1	CE OF INJURY (Homa, farm		(County)	(Stata)
		hila Not Whila racto	ry, street, office bldg., atc	·/ i		
	21. I certify that I took charge of the	tend	d an Autopsy	Inspection or Inquir	y x; and	in my opinion
	death resulted from: Natural causes					
			CHIEF MEDICAL	_		A STATE OF THE STA
	ACTUAL O	If 10 ()	ASSISTANT MED		D.	ATE SIGNED
	SIGNATURE	70 1	M.D. DEPUTY MEDICA			mail: 20/2
	EXAMINAR'S NAME (YPE) James I.	Boyd, M.D.		city, town, or county)	May.	10th.1961
	228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, lown	or country)	(Stata)
	BREMOVAL (Specific) 5-12-196	1 Urlington 4	retions4	(Inlini strong	y. Wires	mid
	23, FUNERAL, DIRECTOR	ADDRESS A	1 (Ya / 248. REC	O'D BY REGISTRAR 1 446. REG	ISTRAR'S SIGNATU	
	W.W. thambers &	o. Twierday	ANAI DATE M	0/	William S. Kras	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Prophice George Prince George the day MERVIAND and b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b þ write RURAL end give neerest town) District Heights Day filled in b Cheverly affer d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS 72 hours 6510 Marlboro Pike Prince George General Hospital papers NAME OF Month DECEASED complet OF May Koontz (Type or print) Reulah DEATH within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX AGE (In yeers | IF UNDER 1 YEAR and lest birthdey) Months Female WIDOWEDIC DIVORCED physician 1De. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired Maryland Housewife home 14. MOTHER'S MAIDEN NAME please = attending I Then please Armacost Mary A. Dr. Benj. R. Ben 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) arv & Noland, Daughter attending physician. 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c). permit. certificate has been signed by r use as the burial-transit permi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY hospital 95 0 prior 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this Health detached 2De. PLACE OF INJURY (Home, ferm, P 2Dd. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... plnods and that death occured at ... O. ... from the causes and on the date stated above saw the deceased alive on....! 22e. SIGNATURE MED ATTENDING STAFF DIRECTOR PHYS. PHYS. M D FUNERAL Jector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Pikesville 8. Buried Druid 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

e. IS RESIDENCE

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12. CITIZEN OF WHAT COUNTRY?

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LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neares town 0 the sho NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 20 YES NO pup NAME OF 4. DATE Middle Month Day Year DECEASED OF campletely filled Pages death. (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last bisthdoy) Months Days Hours after DIVORCED [WIDOWED [A yrs popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs during most of wanking life, even if retired) pup pou 72 13. FAJHER'S NAME MOTHER'S MAIDEN NAME Car physician within ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending 1B! CAUSE OF DEATH [Enter only one couse per the (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO þ Conditions, if ony, which permit. been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit ğ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY cremotian, PERFORMED? has YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) certificate as the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while After this ot work of work hospital the deceosed from 1952, 19 to MA 7 12, 1961, that (1) (we) last 1961, and that death occurred of 25M, from the causes ond on the date stated above. 21. I certify that (I) (this haspital) attended the deceased from 195 detached sow the deceosed olive on MA 10 DIRECTOR: 22o. SIGNATURE 22b. DATE ATTENDING PHYS. eq o M.D. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS shauld FUNERAL 3 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stote) 0 **ADDRESS** 250. REC'D BY REGISTRAR 266. REGISTRAR'S 5 '61 VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	e George's		MARYL		o. STATE Maryla:	nere deceased nd	d lived. If institution b. COUNTY			
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs				N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland, Maryland.					
	d. NAME OF HOSPITA OR INSTITUTION 5850 Branc	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS 4921- Easte:		e S.E.		ON	A FARM?
3.	NAME OF DECEASED (Type or print)	WILLIAM	sf	Middle GEORGE	L	Lost ANDON	4. DATE OF DEATH	Ma y	th 6th	Day	19 61
5.	Male Male	6. COLOR OR RACE White	7. MARR	ED DIVORCED		vember 23-	1875	9. AGE (In years lost birthday) 9. yrs.		Doys Hour	-
100	during most of work Retired Ce	N (Give kind of work ing life, even if refired dar Hill C	done 10b.	kind of Rusiness or Nurseyman.	INDUSTRY	Silver Sp	or foreign coring,	ountry) Md.		EN OF WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN I	NAME				
	Oliver	A. Landon				Margarite	Chane	y			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Addr	44		
					Leo	nora B. Lan	don	Same as 7	<i>‡</i> 2.		
			1 1 0	ne for (a), (b), and (c).]						ONSET AN	D DEATH
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	lying couse last.	the <u>under-</u> (c	1 Ges	revoleyed a	inter	réphritie	v			25-	Me
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CERTIFIC		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	_	71	CURRED. (inter noture of injury in	Port I or Por	t II of item 18.)	E v 1		
		Y Month, Doy, Ye	20-1	NJURY OCCURRED :	20- BLACE	OF INJURY (Home, form	206 1016		15	ounty)	(State
MEDICAL	Hour a.m. p. m.	19	While at wor	Not while		, street, office bldg., etc		, or rown)	(6)	oomy)	(31016
	21. I certify tha	t (I) (this haspital) attend	led the deceased f	fram_9	1 5 19	59,10	may t	2, 196	L, that (1)	(we) las
		ed alive an MI	14 S	19 <u>Ce_1</u> , and 1	that dea	th accurred at	M from	the causes an	d an the		
	220. 9IGNATURE	mugn	2826		M.D		ED.	STAFF PHYS.		5/6/	226. DATE
	22c. PHYSICIAN'S NAME (Type)	Leo H. Mug	mon			3109- Nic	hols A	lve., SE.	Wash.	, DO.	
23	BURIAL, CREMATIO	N, 23b. DATE THEREC		23c. NAME OF CEME				TION (City, town, o		(St	ate)
24	FUNERAL DIRECTOR		OT	Cedar Hi		05. 250			TRAR'S SIG	NATURE	
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I director. Page or your files. for your I ō State the with 1, 2, and 3 to ge 5 may b and 2 with 2 hours aft e should be executed within 24 hours after ing." In pencil in Item 18. Give Pages 1, 2, and s. office along with form PM3-Rage 5 in as a burial-transit permit. File pages hand 2 is a burial-transit permit. File pages hand 2 hours and in any event within 72 hours. Examiner's as be used agent,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Prince George's MARYLAND District of Columbia
c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporela limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town 3 days cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) Washington Prince George's General Hospital 4931 Astor Place S.E 3. NAME OF DATE DECEASED OF Tee (Type or print) Joseph DEATH Nathaniel May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) last birthday) Male Colored WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working lifa, evan if retirad) Washington, D.C. Laborer Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lofton Henry Lee, Sr. Mildred Harps 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of service) Lofton Henry Lee 4931 Astor Place, S.E. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: Epidural Hemorrhage IMMEDIATE CAUSE (e) DUE TO Fractured Skull secondary to trauma (b) geve rise to Immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION pase execute the carificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Itam 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Struck on the head during an altercation 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not White 5/13/661 Fairmont Heights Street et work Ket work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry -Undetermined manner death resulted from: Natural causes Accident Suicide Homicide 3 CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type) Address (Streat, city, town, or county) 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Z40 Buria] Lincoln Memorial Suitland
240. REC'D BY REGISTRAR | 246. 246. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR VS. A15ME

. IS RESIDENCE ON A FARM?

YES NO F

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IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

days

PERFORMED?

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(State)

and in my opinion

DATE SIGNED

3 days

(County)

5/16/61

U.S.A.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY the day MARYLAND b. CITY OR TOWN (if outside corporete mits, write RUHAL and give neadest town) and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) filled in by Pages 1 and Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 222 papers. 3. NAME OF DECEASED (Type or print) DEATH AGE (In Years | IF | NDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED TOWER MARKED last birthdey) and Months WIDOWED DIVORCED 60 yrs. IDa, USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yas give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which (b) gava risa to immadiata causa DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY certificate use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) P OR CONTRIBUTING | CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 2Df. (City or town) Month, Dey, Yeer factory, street, office bldg., etc.) While Not White al work D.m DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from 177/16 196 (to may 1) ..., 196 /, that (1) (we) last and what death occurred at 4.5.4%, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. TO FUNERAL director, page 3 be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type NO R 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town MOVAL (Specify) DIRECTOR'S SIGNA ADD 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO IN

19 6 /

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

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CHOCHERLAN, TOTAL Common or the Control -h -2. 1 Dogwood to the same a sitting the Samuel Chard Tolly the of the state from CLAT LOS LOS LOS LOS The I E. Smithway THE SHAPE STATES HERRICH THE RE Supraga (A DIT ELECT SCLEEKE 7 LC THEN RET IN SCHOOL ट्राटकारायाच्या मेंद्राविताच्या प्रदेशकारा TUBERPURE CERTIFICATE TRACENBERS CENTER West Brief Duke ... LOGT KIVERDALE TO NOERDALE TON The will be the same of the sa Course of the second of the contract of the second of MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1.5075 CERTIFICATE OF DEATH FOOR

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		sad lived, If institution: Residence before admission)
MARYLAND	a. STATE Nd/	b. COUNTY Prince George
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete	e limits, write RURAL and give nearest town)
1 day	Seat Pleasant	19
ospital, give street address)	d. STREET ADDRESS	IS RESIDENCE
	6909 D Street	ON A FARM? YES NO 4
Middle		Month Dey Yeer
Rohent	Maddox SR. DEATH	May 10 19 61
	DATE OF BIRTH 9. A	GE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ED DIVORCED	1 -/	of yrs. Months Deys Hours Min.
KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stele, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
C. Transit	MARYLAND	U.S.A.
	14. MOTHER'S MAIDEN NAME	
	EdiTh WINK	
. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
12 Val mil	I wan nox	6909 D ST. ST. 840 25AM
	area Liminough	INTERVAL BETWEEN
war cxxx al	2 man relie	ONSET AND DEATH
go caroun	0 00 000	2 days
0		
	A STATE OF THE STA	
NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	PERFORMED?
CONING HOLL BUILDING COURTS	IF the second se	YES NO X
SCRIBE HOW INJURY OCCURED.	(thier neture of injury in Perri of Parrill of	irem ID.)
. INJURY OCCURRED 200. PLACE	CE OF INJURY (Home, ferm, ; 20f. (City or	town) (County) (State)
IG THUI THING	ory, street, office bldg., etc.)	
	5/9 :61	1/10 16/11/01
19.5./, and that	death occured at	e causes and on the date stated above.
elece "	DING DIRECTOR	STAFF SIGNED
1	22d. ADDKESS	treat .
derzberg erzberg	7016 Greig Str	eet, Seat Pleasant, Md.
23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATIO	ON (City, town or county) (Stete)
WASH WAT'	SUTLANZ	Rd. Pr. Geo. Co. MD.
ADDRESS	2Se. REC'D BY REGISTRA	R 256. REGISTRAR'S SIGNATURE
TIT WITH C	. S. E. DATE MAY 12 '61	Cirthur & Kraus
	C. LENGTH OF STAY IN 1b 1 day Despital, give street address) Middle Robert RED NEVER MARRIED B. RED DIVORCED BUSINESS OR INDUSTRY C. Transit C. Transit C. SOCIAL SECURITY NO. 17. II Line for (e), (b), end (c). If MIDDIAN COURTED COURTED CONTRIBUTING TO DEATH BUT NO C. SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLAY factor Inded the deceased from 196, and that M. Lerzberg	MARYLAND C. LENGTH OF STAY IN 1b 1 day Seat Pleasant d. STREET ADDRESS 6909 D Street Middle Lest Maddox SR Maddox SR Maddox SR Med THE

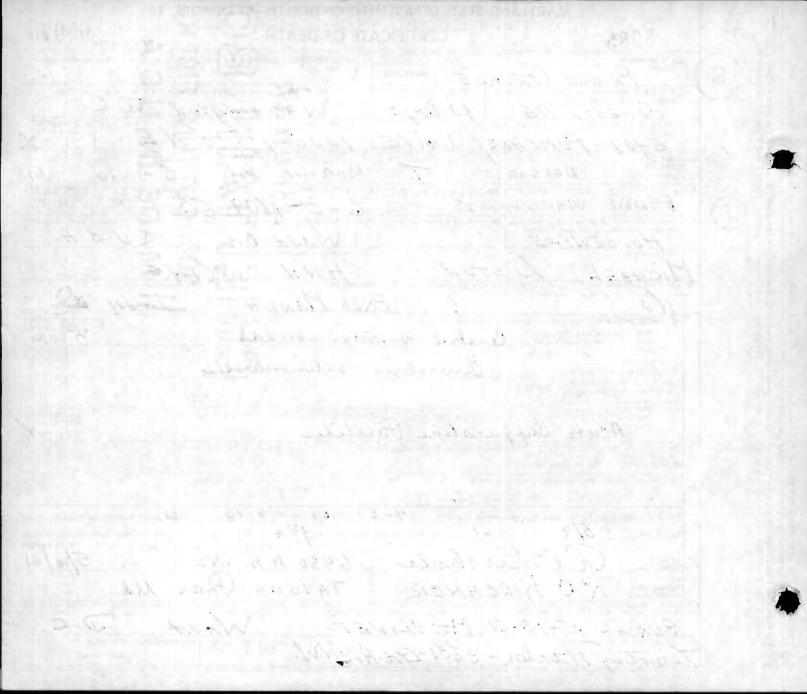
death. Tage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be execu OR ATTENDING PHYSICIAN:

within 24 hours after

VR A15 (4) 15M 9/60

C 100 labers Later a may a will a the market when I have some was to the water The way of the same TOUGHT LEVEL SEED LEVEL MINE See all to 187. Washington ALERSON DESCRIPTION OF THE PROPERTY OF THE PRO MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death, rage 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition. within 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-

TO H

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1: 50 mm

2388	GERTHIGATE				U	0311
1. PLACE OF DEATH 8. COUNTY		2. USUAL RESIDEN	CE (Where decease		ution: Residen	ce before admission)
Prince Georges	MARYLAND	e. STATE D	. C.	b. COUNTY		1
b, CITY OR TOWN (if outside corporete limits.	1 tength of file " Atta	c. CITY OR TOWN (If outside corporete	limits, write RUF	RAL end give	neerest town)
Glenn Dale (rural)			Washingto	n		47X_
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	19 days	d. STREET ADDRESS	1,00	-		a. IS RESIDENCE
Glenn Dale Hospital	, , , , , , , , , , , , , , , , , , , ,		St., N. W			ON A FARM?
The state of the s	10.10					YES NO X
(Type or print) Alonzo	Middle	Mason	4. DATE OF DEATH	Month 5	21	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH			NDER 1 YEAR	IF UNDER 24 HRS.
Male Negro WIDOWED		9/26/17	1,3	yrs. Mo	nths Deys	Hours Min.
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreig	n country) 1	12. CITIZEN C	F WHAT COUNTRY
	known	S. Carol			USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Berry Mason		Frances Y	oung			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unknown) [(Ifyes give wer or dates of service)]	OCIAL SECURITY NO. 17. IN	FORMANT		Address		
	one De	ecedent				
18. CAUSE OF DEATH [Enter only one ceuse per line	o for (a), (b), and (c).]					TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Posto	perative death	. Bronchia	1 obstruc	tion wi		NSET AND DEATH
atele	ctasis.	Dr Olloriac	2 00000	, , , , , , , , , , , , , , , , , , , ,		C PRACTICAL CONTRACTOR
Condillons, if eny, which (b) Left	anterior stage	thoraconla	stv		49.7	h davs
gave risa to Immediate ceuse	202 202	J. 01101 X D. O. P. 20				
(a), steting the underlying						
(0)	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN II	N PART 1(a) 1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTE Pulmonary tuberculosis, 200. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!						YES NO W
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II of it	em 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. While		E OF INJURY (Home, farm		own)	(County)	(State)
p.m. 19 et work [at work					
21. I certify that (I) (this hospital) attende	d the deceased from	6/2/ 2.	19.60 to	/21	., 19.61	that (I) (we) las
saw the deceased alive on	1961 , and that	death occured atP.	M, from the			
220. SIGNATURE						22b. DATE
Wol Wan	м.п	DAINE C	MED. S'	TAFF HYS.		5/21/61
22c. PHYSICIAN'S		22d. ADDRESS		Dale Hos	nital	7/ 54/ 04
NAME (Type) Moe Weiss, M.	D.	10000		ale, Md		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATIO			(State)
Bureal 5-25-61	Harmony		md			
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR			
Johnson + Ruling	4804 /2al	we NW DAHAY	25'61	Quithout	S. France	4

SEGU Continue with 2 and the contract of the contract of the contract of the contract of the Administrative or and Authority That I Committee of the commit The state of the s de dio sanu al Parent 5-25-61 Harmany Johnson + Jenkins 4804 Janlier New March Care & The

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY 2R. This cartificate should be executed within 24 hours after death. If a delay is necessary, the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, also cremation, or removal, and in any event, within 72 hours after death. b. COUNTY District of Columbia Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3810 Beaches Street Prince George's General Hospital NAME OF DATE DECEASED DEATH (Typa or print) Clarence Howard Mason May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX last birthday) Months Male Sept. 9. 1909 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Heavy equipment operator Construction Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Lincoln Mason Pearl Thomas 6829 Buchanan Street 146. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs E.C. Powell. Woodlawn, Maryland 18. CAUSE OF DEATH [Enter only on a cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Multiple Pulmonary embolism IMMEDIATE CAUSE (a) DIJE TO Surgery for pyloric obstruction Conditions, if any, which gava risa to immadiata causa (a), stating the undarlying Second and third degree burns of lower extremities PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY cremation, execute the certificate, writing the word 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Seror CONTRIBUTING CAUSE OF DEATH. burial. Was handling some gasolene that got on clothes and caught on should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 19 61 at work at work factory, street, offica bldg., atc.) Prince George's Md Street Berwun 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X Accident X Homicide [Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER May EXAMINER'S James I. Boyd NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 240 g 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus

IS RESIDENCE

ON A FARM?

YES T NO TH

19 61

IF UNDER 24 HRS.

12, CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO T

YES X

and in my opinion

DATE SIGNED

(County)

U. S. A.

5M 7/59

BELLEVILLE CATALON SALLY mos million on State of the st tengto doing will will be a market to the tree control ording make the contract to a street of the contract of the contract of the les vice de divident monte en l'engrétant de l'engrétage en seil Charles Incole action adillos Lucios SOZP Enchance Stroet eminor is a a military DAULER, MELDECK and the state of t Theorem and thank comes memory and any property mi Callia Dia seldela ne vig sito en lette lina tillina Lina sellena isi AS BY AND AND THE PROPERTY OF Latte Carrier Jack . I cerul The state of the s 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05979

1. PLACE OF DEATH o. COUNTY Pr	ince Geor	ge's MARYL		o. STATE Mary	(Where decease Land	b. COUNTY		e George's
b. CITY OR TOWN (If o RURAL ond give neore College	utside corporate limits est town) Park, Md	c. LENGTH OF STAY IN	V 16		(If outside corpo	orate limits, write R	URAL ond give ne	arest tawn)
d. NAME OF HOSPITAL OR INSTITUTION 8801 4				d. STREET ADDRES		avenue	1	e. IS RESIDENCE ON A FARM? YES NO
	8th avenu		11					
3. NAME OF DECEASED (Type or print)	First Eli	zabeth Middle	1	Maxwell	4. DATE OF DEATH	May	9,	19 61
s. SEX 6		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1110	ov 19, 1	876	9. AGE (In years last birthday) 84 yrs.	Months Days	Hours Min.
during most at warking	life, even if retired)	one 10b. KIND OF BUSINESS OR	INDUSTRY	Scotlan		country)		FWHAT COUNTRY?
House	ewife	own home	1.	1				
13. FATHER'S NAME	nn Petrie			4. MOTHER'S MAID Eliza		iuchant		
15. WAS DECEASED EVER I	N U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress	
Yes. no, or unknown} {If }	res, give war ar dates of ser	rvice)	Eliz	abeth F1	eet H	lyattsvil		TERVAL BETWEEN
Canditions, if ony, gave rise to imm couse (a), stoting the lying couse lost. PART II. OTHER	pediote DUE TO	OITIONS CONTRIBUTING TO DEA	lero,	ot related to the t		SE CONDITION GIV	'EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injur	y in Port I or Po	irt II of item 1B.)		YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	r 20d. INJURY OCCURRED While Not while at work at work		OF INJURY (Hame, y, street, office bldg.		ry or town)	(County) (Stote)
21. I certify that saw the deceases 22a. SIGNATURE		attended the deceased f		th occurred at	MED. DIRECTOR	STAFF		hat (I) (we) last e stated abave. 22b.DATE SCONED
NAME (Type)	Dr C D Co			4317 Bei		ad Colle		Md.
23o. BURIAL, CREMATION, REMOVAL (Specify) Burial	May 13, 1	23c. NAME OF CEMEN .961 St John's		metery	CONTRACTOR OF THE PARTY OF THE	tsville,		(Stote)
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNATI	
F. Gasch's	Sons Hy	attsville, Md.		DAT	MAY 15'6	Class	hur S. Fran	A

THE PARTY OF THE PARTY AND THE PARTY OF THE	
	9283
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recentul disconstan	Siring name
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The American American Committee of the C	
to the state of the second section of the section	er ave von
	A. Januar . Voint . Usa

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) director. Pa-vour files. e. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Board of ! Cheverly Dead on arrival Carmody Hills ed. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? fundral Prince George's General Hospital YES NO 307 - 72nd, Place 4. DATE DECEASED to the (Type or pdn)) Walter the DEATE May 10th 1961

9. AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS. 1967 Hamild McLeren i, 2, and ige 5 may be i and 2 with the 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Deys Male White WIDOWED T DIVORCED 10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, 5rm PM3. Page File pages 1 and vent within 72 b done during most of working life, even if retired) U. S. A. Mississippi Watchman 5 & 10 ¢ Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John David McLaren Minore Allen ending" in pencil in Item 18. G miner's Office along with form ed as a burial-Itransit permit. Fil t, or removal, and in any ever 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, e. or unkown) (Ifyasgivewerordatesofservice) Mrs Annie Mae McLaren, same as # 2 217-01-7999 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Coronary artery disease Conditions, if any, which gave rise to immadiate cause e se pesn Examiner's DUE TO (e), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour e.m. et work et work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER May 10th. 1961 EXAMINER'S NAME (Typa) Boyd M.D. Addr 22c. NAME OF CEMETERY OR CREMATORY James I. Address (Street, city, town, or county) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) 22a, BURIAL, CREMATION REMOVAL (Specify). 240 g Cedar Hill Cemetery Burial 1961 Suitland Maryland 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME W. W. Cha mbers Co. 517 11th St. SE Wash. DC DATE 1 5 '61 arthur S. Krous SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

and the first terminate was properly when process when the state of the second training with the interest account to tool society Transaction of the Parish of the in isthet. 100 pro 13 to anti- are selected of Her Loth, and Cyclin and the raid of the company miles the second second second

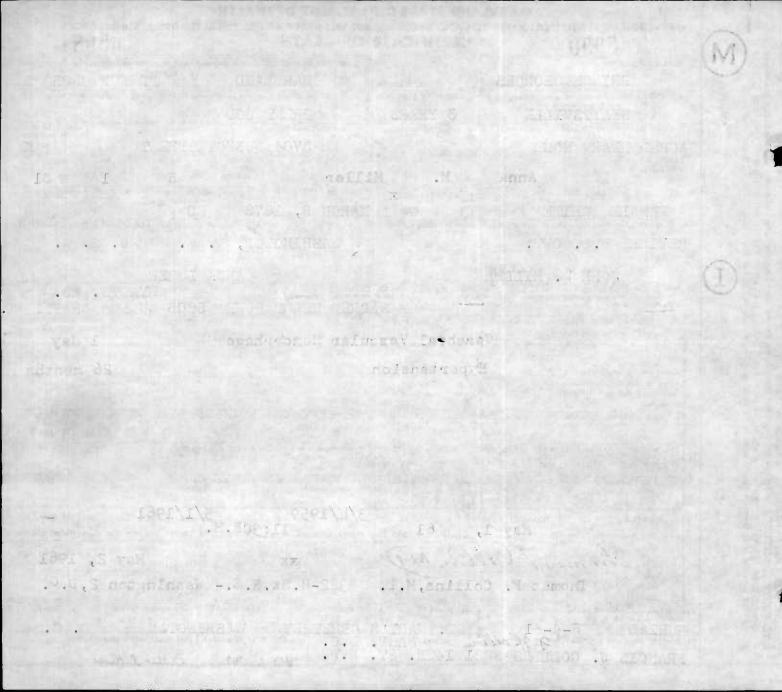
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05981

			- O A
1. PLACE OF DEATH a. COUNTY		CE (Where daceased lived, If Institution	Residence before admission)
PRINCE GEORGES MARYLAND	. STATE MARY	LAND b. COUNTY RI	NCE GEORGES
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearast town) HYATTSVILLE 3 YEARS	BREN	TWOOD	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
SACRED HEART HOME	3704	QUINCY STREET	YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
(Type or print) Anna M. M.	liller	DEATH 5	1 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	
FEMALE WHITE WIDOWED DIVORCED	MARCH 9, 1	872 last birthday) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS			CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)			TT CL A
RETIRED U.S. GOVT.	WASHING		U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
JOHN W. MILLER		ANNA LUBER	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unkown) (Ifyesgivewarordatesofsarvice)	INFORMANT	Address HYA	TTS. MD.
	ACRED HEART	HOME 5805 QUE	ENS CHAPEL I
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas	aulan Haman	nhana	ONSET AND DEATH
IMMEDIATE CAUSE (a) CEPEDPAL VAS	cutar nemor	Luage	l day
551X DUE TO			0/
Conditions, if any, which (b) Hypertension	1		26 months
gave rise to immediate cause (a), stating the underlying DUE TO			
couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far		County) (State)
a nour a.m.	actory, street, office bldg., etc	2-)	
	2/1./1050	5/1/1961	
21. I certify that (I) (this hospital) attended the deceased from			19, that (I) () las
saw the deceased alive on. May 1, 19.61, and the	at death occured at	from the causes and or	
22a. SIGNATURE D I AN AND	ATTENDING	MED. STAFF	22b. DATE
Thomas T (ellino MI)	M.D. ATTENDING PHYS.	DIRECTOR PHYS. ME	y 2, 1961 IGNEE
22c. PHYSICIAN'S NAME (Type) Thomas F. Collins, M. D.	322-H.St		on 2, D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
REMOVAL (Specify)	o CTAMPHIADAY	WACHTMOMON	D C
BURTAL 5-4-61 ST. MARY	S CEMETERY	C'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
7, 20 -00 -00	NT W		
FRANCIS J. COLLINS 3821 14TH. ST	· N.V. DALLA	(4 '61 Outling &	Kisees

TO HE STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Fage 4 may be retained by the hospital or attending physician.

> TO HEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



FOR STATE HEALTH DEPT,

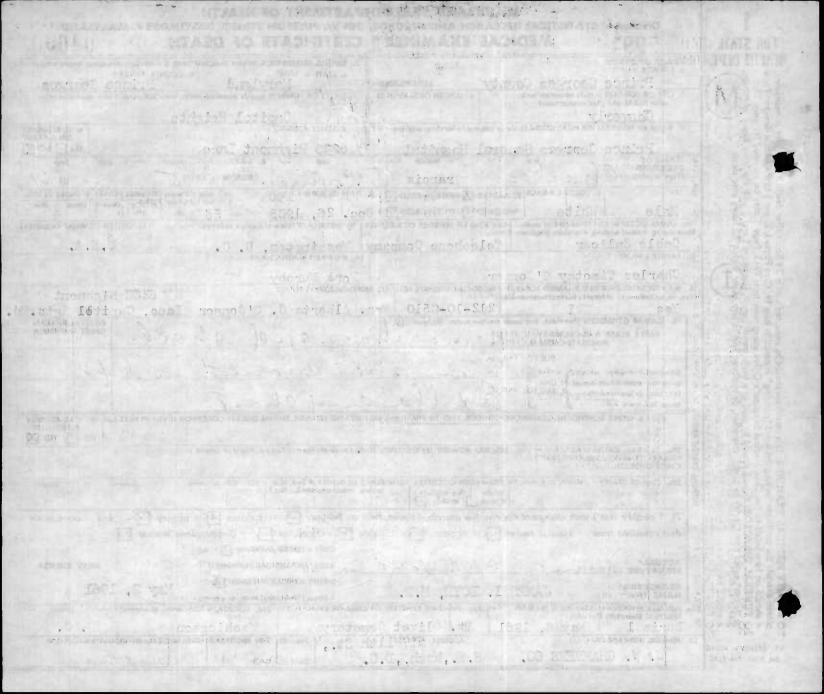
TO CALCULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of TREATH, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Y5.	A15ME
5M	9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5991 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()469()

4		0/11/01 1WK
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Prince Georges County MARYLAND	Maryland Prince Georges
1	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	write RURAL and give nearest town)	
-	Cheverly	Capitol Heights
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	Prince Georges General Hospital	6230 Highmont Lane
3	NAME OF DECEASED (1) First Middle	Last 4. DATE Month Dey Year
	(Type or print) Charles trancis	(Connor DEATH 5 2 1961
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 1904 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED T	Dec. 26, 1908 56 yrs. Months Days Hours Min.
10	De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	
9	lone during most of working life, even if retired)	TT C A
12	Cable Splicer Telephone Company	Washington, D. C. U.S.A.
1"		14. MOTHER 3 MAIDER RAME
L	Charles Timothy O'Connor	Nora Murphy
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If fas, no, or unknown) (Ifyasgiva werordatas of service)	NFORMANT Address 6230 Highmont
1.		. Alberta C. O'Connor Lane, Capital Hgts. Md
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1.	IMMEDIATE CAUSE (e)	
: 3	DUE TO	+ 1 1 1/10
1	Conditions, if any, which \ (b)	of wound he left
	gave rise to immediate cause (a), stating the underlying DUE TO	
12	cause last. (c) Colyclic	and Chest
Z		
Iğ		PERFORMED? YES NO DO
S.	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (E	inter nature of Injury In Part I or Part II of Item 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ing reside of hijory in terry of total in or helicity,
		CE OF INITION (Nome from 1 204 (City of the 1)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
WE	p.m. 19 at work et work	
	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes . Accident . Suici	de P. Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL O	
	SIGNATURE . JOHN	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	PAMES I. BOYD, M.D.	Address (Street, city, town, or county) Address (Street, city, town, or county)
22	La. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	REMOVAL (Spacify)	
-	Buria 1 May 6, 1961 Mt. Olivet Ce	
2		
	W. W. CHAMBERS CO. S.E., Wash., D.C	DATE MAY 5 '61 Cirthur S. Hours



MARYLAND	STATE	DEPARTMENT	OF	HEALTH
NATIONAL WINGS AND				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5992

CERTIFICATE OF DEATH

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e. COUNTY				2. USUAL RESIDEN	ICE (Where de			nce before	admission)
	ince Georges	5	MARYLAND	e. STATE Maryl	and	b. COUN	ince Geo	rges	
write R	TOWN (if outside corpor URAL and give nearest to verdale		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		orate limits, write	RURAL and give	neerest tow	/n)
		JTION (if not in hos	spitel, give street address)	d. STREET ADDRESS					ESIDENCE
Eur	gene Leland	Memorial	Hospital	Bacon	Lane -	Ant. #	9	YES	A FARM?
3. NAME OF		First	Middle	Last	4. DATE	Month	De	y Yee	
(Type or pri		Ruth	Costello	Pearson	OF DEATH	May	5	19	61
5. SEX	6. COLOR O	R RACE 7. MARRIE	DE NEVER MARRIED 8	. DATE OF BIRTH	9	. AGE (In years last birthdey)			
Fem		214		March 29, 1	923	38 yrs.	Months Days	Hours	Min.
10e. USUAL C	OCCUPATION (Give kind nost of working life, even	of work 10b. K	IND OF BUSINESS OR INDUSTR						COUNTRY?
13. FATHER'S	NIALIP			Forquier		TrgTura	U.S.A	. •	
	ose Johnson		COCIAL CECURITY NO. 1 17	Rosetta D	avis	Address			
	kown) (If yes give wer or		SOCIAL SECURITY NO. 17.		Un.			dana	
1 10 0 711	an on buymy is			aymond Pears	OH - H	ispand -		NTERVAL BE	F)4/55N
	SE OF DEATH JEnter of T I. DEATH WAS CAUSE IMMEDIATE CA	D BY: (6)	rebrech	umor	rko	ge		NSET KND	
2	-11/	DUE TO	- Tumi	1-	6	1		7 11 1	
Conditions, if eny, which \ (b)							5 4/3	2	
	to immadiate ceuse	DUE TO						1	
cause lest	g the underlying	(c)							
Z PART	PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
TATI		19170	Melou	us will	335			YES [NO X
OR CONTI	IDENT WAS UNDERLYING TO CAUSE OF	DEATH	SCRIBE HOW INJURY OCCURED	Enter nature of injury in	Part I or Pert I	l of item 18.)			
			INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fer	m, 20f, (City	y or town)	(County)	-	(State)
WE	p.m.	While et wo	rk at work	tory, street, office bldg., et				7-1	
21. I ce	rtify that (I) (this	hospital) atten	ded the deceased from.	Мау 4	1961, to	May 5	19.6]	that (I)	(w/a) last
saw the	deceased alive on	May 5	19.61, and that	death occured at 1	:. 384 from	the causes	and on the	date state	d above.
22e. SIG	NATURE	11270	ului.	ATTENDING PHYS.	MED.	STAFF PHYS.		F - 5	SIGNED
22c. PHY		0 100	, and a	22d. ADDRESS			1		
NAA	AE (Type) L. W.	Malin, M	. D.	4404 Que	ensbury	Road,	Riverdal	e, Ma	ryland
23a. BURIAL,	CREMATION, 23b. DA	8-61	Cacconol	a / . /	MLCOC	ATION (City, 10	(2)	nd	itate)
24 FUNERAL	DIRECTOR'S SIGNATURE	1	ADDRES9		C'D BY REGIS	TRAR 25b. RE	GISTRAR'S SIGN	ATURE	
Teher	+ J. An	ander	Mockine	Ole Jacobate M	AY 1 0 '6	1 a	When S. Kr	ALLA	
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	or you the Da	Moore	L & Louis	

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TO HY TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 Y

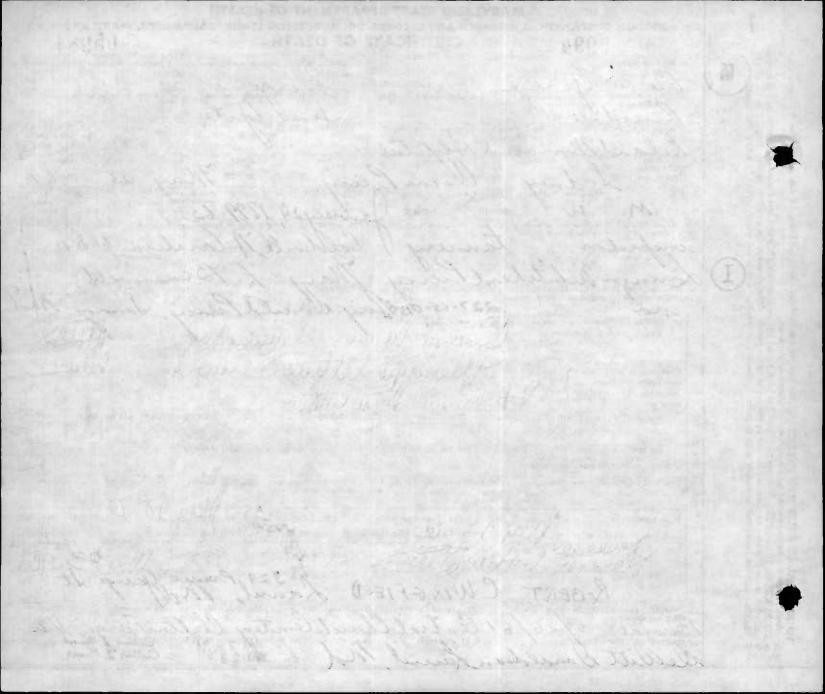
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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\ =								
A.	. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)						
	o. COUNTY	e. STATE () b. COUNTY						
/ -	Truce Glarge MARYLAND	Verlyera						
	b. CITY OR TOWN (if outside corporate limits, until RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
1	Revertale	hand thate						
17	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS . IS RESIDENCE						
-	P1 19 . 01/1+0	ON A FARM?						
	Alland Memarial Hasfild	YES NO						
	NAME OF Pirst Middle	2 Last 4. DATE Month Dey Year						
	(Type or print)	DEATH / May 23 196/						
	5. SEX 6. COLOR OR RAVE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.						
	MARKIED NEVER MARKIED	last birthdey Months Deys Hours Min.						
_	WIDOWED DIVORCED	anday 24 /8/9 62 415.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		(all 007) (1 (15h						
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Di Liti	no A						
16	Darenso Whilehead revery	Mary L. Drasswell						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT						
	227-00 4. 171	miller of Pin In						
=	18. CAUSE OF DEATH Enter only one could per line for (e), (b), and (x).	INTERVALENT VIEW						
	PART I. DEATH WAS CAUSED BY:	A STATE OF THE STA						
	IMMEDIATE CAUSE (0) LIEBURY (W)	may fringeringly, thereo						
	DUE TO CO							
	Conditions, if eny, which) (b)	Mitte cellions Missing						
	geve rise to immediate cause	William De La Company						
	(a), steting the underlying DUE DUE							
	couso lost. (c) DP To fillellell Will	10 Wylluca						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
1		YES I NO I						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH III. ETHER, NOTHER, MEDICAL EXAMINER	(Enter neture of injury In Pert I or Pert II of item 18.)						
	OR CONTRIBUTING CAUSE OF DEATH							
- 1								
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)						
	Hour e.m. While Not While et work et work							
		1955 to 1964 10 1969, that (1) 1969) last						
	21. I certify that (I) (this hospital) attended the deceased from	2:16-61						
	saw the deceased alive on	death occured at						
	220. SIGNATURE	ATTENDING MED. STAFF _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Recell Hill Will Too of OM	D. PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S	22d. ADDRAS 329 Prense (1)						
	NAME (Type) KABERT (MINEFIE	1) Lawrence The 19 course						
2	TOUR STREET OF THE STREET OF STREET	OD CREMATORY						
1	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
1	Burial 5/26/6/Central Co	unch Cemetery Cliftant arge Va.						
1	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'DANNEGISTRAS 1256. REGISTRAR'S SIGNATURE						
	Nollitt Naud for	DATE MAY 29 161 arthur I. thank						
K	Well Wandlacan James,	TOWN THE PARTY OF						



TO HC RAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Tage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral adjunctor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the state with the State Dept. of Health prior to burial cremation.

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	rial-fransit	i the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH 5995 USACH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Whare daceasad lived, If Institution: Re	esidence before edmission)
	6. STATE MACHALL B. COUNTY	- revo Co
b. CITY OR TOWN (if outside corporate limits,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
write RURAL and give neerest fown)		
ChererLy, MC	ALLENOWM, MAR	YLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	, , , , , , , , , , , , , , , , , , , ,	IS RESIDENCE ON A FARM?
Prince George's General Itory	6970 Allentown Rd.	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
(Typa or print)	OF DEATH MA	7 1961
5. SEX 6. COLOR OR NACE 7 MADDIED MADDIED	B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1	
WAKNED TO NEVER MAKNED	V Later to a	ays Hours Min.
MIDOWED DIVORCED	10-10-07 5-3/rs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
M . = 5 = 1	ear sight - Sarage md	L 5 5
13. FATHER'S NAME	14. MONHER'S MAIDEN NAME	
61 an Enada	ETHOL DOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 6. SOCIAL SECURITY NO. 1 17	EINEL DOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) (Ifyesgivewarordetasofservice)	. INFORMANT Address	
20	Parrie A, Purdy So	ine as IF Z
iB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	and carried toric	(5 MOS.
1000	alkal Calcinoma 10312	
DUE TO Ada	P. Gt. 1	7
Conditions, if any, which gever less to immediate couse	o ca siomach	
(a), stating the underlying DUE TO		7
couso lost. (c) traen	o La Mectum	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
JULY TO THE TOTAL THE TOTAL TO THE TOTAL TOT		YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in Part I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Cour factory, street, office bldg., atc.)	ity) (Stete)
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from	m 9-23-60 19 to 5-7 196	L. that (1) (we) last
saw the deceased alive on 5-7		
22e. SIGNATURE	nal death occured ara, from the causes and on h	22b. DATE
1 226. SIGNATURE	ATTENDING MED. STAFF	SIGNED
220 PHYSICIAN'S C. Gateman	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	5-7-61
	777 01 1	11 1/2 00
NAME (1900) JERNINE C. BATEMA	4N 440-257 Jr. N	10 HELL D
	RY OR CREMATORY 23d. LOCATION (City, town or county	(Stote)
BURIAL MAY 10-61 WASKI	NO TON NATA, SOLITLAMO	mel
24 FUNERAL DIRECTOR'S SIGNATURE 166ADPREES OOD	HOPE RES REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
	22 0	
SIMMONS BROS WASH.	20-0 C DATE MAY 9 '61 Galling &	trans

CONTRACTOR OF THE SECOND STATE OF THE SECOND S Burgara Maria Company Company Company Company Company The state of the s PARTY SERVICE CONTRACTOR OF THE SERVICE SERVIC

death. Wege 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. rithin 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HC

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5996 CERTIFICATE OF DEATH 05986

١	Prince George MARYLAND				e, STATE Moshar	2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) e. STATE Maryland Prince George				
7	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Cheverly 3 Days				c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 2 Hillside					
1	d.	NAME OF HOSPI	TAL OR INSTITUTION (if no	of In hospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE		
			eorge Genera	l Hospital	1223 531	rd Ave.		YES NO		
		AME OF ECEASED	First	Middle	Lest	4. DATE Mo	onth D	ey Yeer		
40	1	ype or print)	Sylvester	(N.M.N.)	Ramsey	DEATH May	7	19 61		
	5. SI	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lest birthde				
	/	Male	White v	/IDOWED DIVORCED	9=4=96	64yrs.	. ///			
	done	during most of we	IION (Give kind of work orking life, even if retired)	Self-Employed	Virginia	inty & State, or foreign count	TY) 12. CITIZEN	N OF WHAT COUNTRY		
		ATHER'S NAME			14. MOTHER'S MAIDEN					
	-	Jnknown			Unknown					
	15. V (Yes,	no, or unkown) (/ER IN U.S. ARMED FORCES	col		Addi		nata. Ma		
		No	None		Ruth E. Ramse	y, 122353rd	Ave., Hli			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Goronary Thromboxis						ONSET AND DEATH			
		420.	DUE TO	January 2112 Omboy	5TO					
	1	Conditions, if engagers of the conditions of the	liete ceuse							
		(e), stating the scouse lest.	underlying DUE TO							
) TY							YES NO		
	2 0	OR CONTRIBUTING	AS UNDERLYING 20	DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Pert I or Pert II of item 18.)				
)	MEDICAL	Hour e.m.	URY Month, Dey, Yeer		PLACE OF INJURY (Home, fel fectory, street, office bldg., et		(County)	(Stete)		
	21. I certify that (I) (this hospital) attended the deceased from May. 1									
			sed alive on May.		hat death occured at 1	1M, from the cause	s and on the	date stated above		
	10	220. SIGNITURE	relle	20008	ATTENDING PHYS.	MED. STAFF	7 5-	22b. DATE		
	2	22c. PHYSICIAN'S	Dr. Ged	Hageage, M.D.	M.D. PHYS. 22d. ADDRESS	3717 3 8th Av	e./	1 6/		
		NAME (Type			Co	ttage City, N				
		BURIAL, CREMAT	ION, 236. DATE THEREO	F 23c. NAME OF CEMETE		23d. LOCATION (City,		(State)		
		Burial	5/10/1961	Mt. Olivet	Cemetery	Washington	, D.C.			
	24 F	UNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256.	REGISTRAR'S SIG	NATURE		
1	20	111.67	rambers to	In . 517 11 # SI	. S. E. DATE	MAY 9 '61	arthur 8 4	Kinesa		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) director. Page or your files. a. COUNTY b. COUNTY a. STATE George 1 s prince Prince George's MARVIAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Tottage City Por d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4006 Parkwood Street YES NO X NAMEOF Year DECEASED Reagan (Type or print) John DEATH 19 with 6. COLOR OR RACE 7. MARRIED TO MEYER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF SIRTH IF UNDER 24 HRS. age 5 may 1 and 2 will 72 hours lest birthdey) Months Hours pue March 27. WIDOWED DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or tor ign country) in Item 18. Give Pages 1, 2, 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) S. Government Printer pages PM3. 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 6111 Forest Road William E. Bruce Cheverly, Maryland CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN along v fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Parkinsons Disase, arteriosclerosis advanced MMEDIATE CAUSE (a) in pencil burial-ti Office DUF TO Fracture of the neck of the right femur Conditions, if any, which execute the certificate, writing the word "pending" geve rise to immediate cause (0) DUE TO (a), steting the underlying Examiner PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cremati NO POR Medical plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fell going to bath room Chief age 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) Month, Dev. Yeer (County) (Stete) forwarded to the Chi fectory, street, offica bldg., etc.) Not While 0 Md. Cottage City at work Home 6 at work prior Inquiry to 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection + death resulted from: Natural causes Accident X Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 5/14/61 plnods NAME (Type) James I. Boyd Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CENETERY OR CREMATOR DATE THEREOF 22d. LOCATION (City, town, or country) (Slate) REMOYAL (Specify) 40 24a. REC'D BY REGISTRAR I VS. A15ME arthur S. Thous 5M 7/59

atomicozii spelit SICHOLD UNITED Justice Leonard House in the Sales and Latertain a Postocia or high Territoria de la constanta de Air and the latest the same at the Michael Jeasph Reagan I had Brown postation with the control of the control of must divide as in acut ed to empore - 14 (Stale a provider) protect of themse or mine to 11/61 For the come Colonian moves THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

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MARYLAND STATE DEPARTMENT OF HEALTH

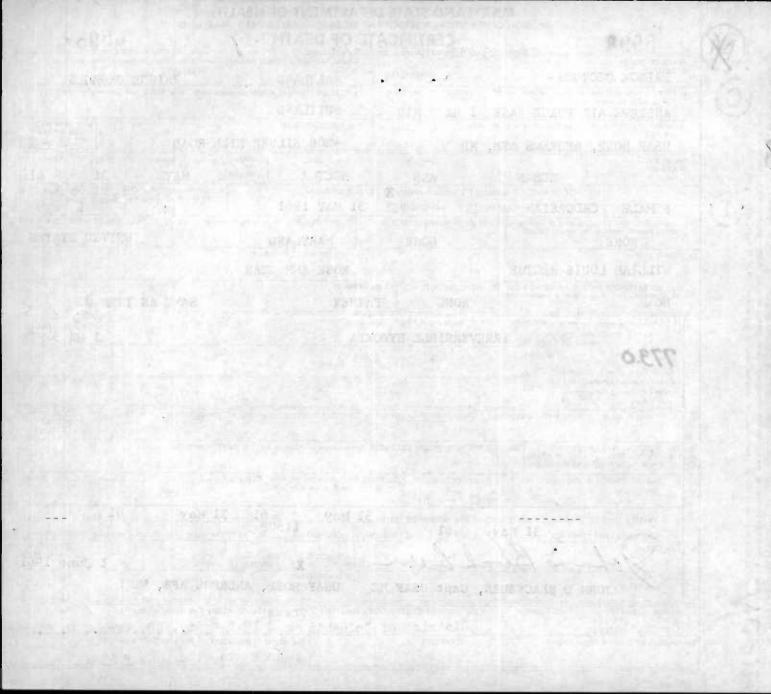
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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learest town)		10		prote limits, write R	URAL ond give n	earest town)
TAL (If not in hospital, give :	street oddress)	d. STREET A	DDRESS	LL ROAD		e. IS RESIDENCE ON A FARM? YES NO
First	Middle	las	4. DATE	Mon		Day Year
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B, DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		AR IF UNDER 24 H
				yrs.	12 CITIZENI	1 2 1
rking life, even if retired)	NONE			ountry)		ED STATE
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			ANN DEAN			
		FATHER				#2
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					/EN IN PART 1(o)	PERFORMED? YES NO
AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture o	f injury in Port I or Po	rt II of item 18.)		
,,,	While Not while	PLACE OF INJURY (foctory, street, office	bldg., etc.)		(Count	y) (Sto
	ttended the deceased fra	_ 31 May	10 61 10	31 May	19 61	that (1)-(we) la
for DB		ATTENDING PHYS. 22d. ADDRI	MED. DIRECTOR	STAFF PHYS.	nd an the da	te stated abov 22b. DATE SIGN June 19
for DB	lock burn	M.D. ATTENDING PHYS. 22d. ADDRI USAE Y OR CREMATORY I	MED. DIRECTOR DIRECTO	STAFF PHYS. REWS AFB	MD or county)	22b. DATE SIGN June 19
	ATH [Enter only one couse ath Was Caused By Immediate County which immediate By Imm	C. LENGTH OF STAY IN 1 C. LENGTH OF STAY I	GEORGES (If outside corporate limits, write learnest fown) AIR FORCE BASE 1 HR 9 MIN AIR FORCE BASE 1 HR 9 MIN SUIT (If not in hospital, give street oddress) SP, ANDREWS AFB, MD First Middle Last SUSAN ANN RECTO (If CAUCASIAN WIDOWED NEVER MARRIED B. DATE OF BIRTH AIR SUIT OF BUSINESS OR INDUSTRY 11. BIRTHPL MARRIED NONE CAUCASIAN NONE ANN RECTO (If yes, give wor or dates of service) ATH WAS CAUSED BY: IRREVERSIBLE HYPOXIA DUE TO ONY, which immediate at the under- (If yes, GIVE IN OLD TO DEATH BUT NOT RELATED TO ONY, which immediate at the under- (IC) CAUCASIAN (ID) DESCRIBE HOW INJURY OCCURRED. (Enfer noture of G CAUSE OF DEATH WAS	GEORGES MARYLAND O. STATE MARYLAND (If outside corporate limits, write c. LENGTH OF STAY IN 1b nearest flown) AIR FORCE BASE 1 HR 9 MIN AIR FORCE BASE 1 HR 9 MIN ITAL (If not in hospital, give street oddress) SP, ANDREWS AFB, MD First Middle SUSAN ANN RECTOR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED NONE MARYLAND 4. DATE OF BIRTH 31 MAY 1961 ION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY) ER IN U. S. ARMED FORCES? If yes, give wor or dates of service) NONE ATH [Enter only one couse per line for (o), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS (AS UNDERLYING	GEORGES MARYLAND O. STATE MARYLAND C. CUTY OF TOWN (If outside corporate limits, write rearest fown) AIR FORCE BASE 1 HR 9 MIN TALK (If not in hospital, give street oddress) SP, ANDREWS AFB, MD First Middle SUSAN ANN RECTOR First Middle SUSAN ANN RECTOR GAUCASIAN GOLOR OR RACE ANN GOLOR OR RACE ANN GOLOR OR RACE ANN GOLOR OR RACE ANN ANN ANN ANN B. DATE OF BIRTH 9 Lost ADTE OF DEATH ANY AGE (In years string) ION (Give kind of work done) The ven if retired) NONE MARYLAND 14. MOTHER'S MAIDEN NAME ROSE ANN DEAN AND 15. COUNTY (If outside corporate limits, write R MAY ADTE OF DEATH MAY AND 16. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NAME 16. AGUACASIAN WIDOWED DIVORCED 31 MAY 1961 NONE MARYLAND 16. AGUACASIAN WIDOWED DIVORCED 10. BIRTHPLACE (Stote or foreign country) MARYLAND 16. MOTHER'S MAIDEN NAME ROSE ANN DEAN AND TATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN COLOR OF TOWN (IF outside corporate limits, write R AND MAY ALOR MAY ADD 16. STREET ADDRESS MAY ADD PAGE (In years lost of peath MAY 17. BIRTHPLACE (Stote or foreign country) MARYLAND 18. MOTHER'S MAIDEN NAME ROSE ANN DEAN ADDE ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN COLOR OF TOWN (IF outside corporate limits, write R AND AITH AND 17. INFORMANT AND 18. MOTHER'S MAIDEN ADDE ADDE ADDE ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN COLOR OF TOWN (In the period of the pe	GEORGES MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ATR FORCE BASE 1 HR 9 MIN ATR FORCE BASE 1 HR 9 MIN ATR FORCE BASE 1 HR 9 MIN MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ATR FORCE BASE 1 HR 9 MIN ANN BECTOR GAUCASIAN WIDOWED DIVORCED 31 MAY 1961 ON (Give kind of work done king life, even if retired) ER IN U. S. ARMED FORCES (If years or deduce of tervice) ATH WAS CAUSED BY: IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OBY: IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OF DEATH ON. BUSINESS OR INDUSTRY ON. BUSINESS OR INDUSTRY IMPEDIATE CAUSE OF DEATH ON INTUSTRY OR INTUSTRY ON I

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

oyrs after death. Page

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MADVIAND STATE DEDADTMENT OF HEALTH.

W	MARITARD STATE DELARMERT OF HEALTH—DALIMORE, TO						
	5999		CERTIFICA	ATE OF DEATI	+	Reg. Dist. No	y5989
	1. PLACE OF DEATH o. COUNTY	George	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institu		ore admission)
	b. CITY OR TOWN (If autside carrent RURAL and give regrest town)	parate limits, writed c. U	ENGTH OF STAY IN 16	c. CITY OR TOWN (IE)	putside carporate limits, write	RURAL and give ne	parest tawn)
	d. NAME OF HOSPITAL (IF not in OR INSTITUTION	hospital, give street oddre	Home	d. STREET ADDRESS	Olives &	+	e. IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print)	IZZIE C	ATHERINE	RESH	4. DATE OF DEATH MA	1 24,	1961
	FEMALE GUEA	OR RACE 7. MARRIED C	DIVORCED	8. DATE OF BIRTH AUG- 17, 1	867 9. AGE (In year lost birthday) 93 yr	Manths Days	
	10a. USUAL OCCUPATION (Give kind during most of working life, ever	d of work done 10b. KIND if retired) // FE RE	atabas as a	YORK CO.	PENN'A.	12, CITIZEN	of what country, S.
T	WILLIAM	ALLISON	,	MAR	Y RAVER		.,,
)5. WAS DECEASED EVER IN U. S. Al (Yes, no or unknown) (If yes, give wor	or dates of service)		AOMI HOU	DESHEL "	dress AME	L#2A
	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI IMMEDIATE	USED BY:	(a), (b), and (c).	brombosi.	4		TERVAL BETWEEN NSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost.	DUE TO (b) LCr To	eriesolere	tie caroli	ouseylar oli	stase.	20 YEA
	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		NG DEATH AMINER) 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
	20c. TIME OF INJURY Month, Hour a. m. p. m.		Not while fo	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc	n. 20f. (City or town)	(County	(State)
	21. I certify that I atten	ded the deceased fr		20, 1955, to] accurred at 2145	ADDRESS (Street, city or town	and on the de	saw the decease ate stated abov DATE SIGNI
	PHYSICIAN'S RAME (Type)	Womer 7		M.D. 2513 Brc.	akleolge Re	r M	5-24-

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY

CREENMENT CEMETERY

22d. LOCATION (City, town, or county)

BALTIMORE 24b. REGISTRAR'S SIGNATURE

Riverdal, and FUNERAL DIRECTOR'S SIGNATURE CO.

24a. REC'D BY REGISTRAR
DATE 2 9 61

arthur & the

(State)

VS A15 (4) 15M 9/55

	ATE OF DEATH	CERTIFICA	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6000 CERTIFICATE OF DEATH $4.5\,\mathrm{Q}$ 65990

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
prince George's MARYLAND	a. STATE B. COUNTY Maryland Prince George's
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Cheverly 1 Day	Upper Marlboro
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
Prince George's General Hospital 3. Name of First Middle	R.F.D. Box 4150
DECEASED	ROSS 4. DATE Month Dey Year
(Type or print) Baby Girl	DEATH May 8 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	May 7, 1961 last birthday) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	1-07 19 1701
done during most of working life, even if retired)	14
None	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Ross Green	Hilda Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yas, no, or unkown) (Ifyesgive wer or detes of service) None	Mother Same
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Rane alurety	
TO . O	
Conditions, if any, which (b) Johns Keen &	Yours .
geve rise to immediate cause DUE TO	
(e), steting the underlying ceusa lest.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
5	YES NO •
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
at week at week	factory, street, office bldg., etc.)
	Mary 7 (26) Mary 8 (26) (27)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on May 8	m May (1961, to May 8 , 19.61, that (I) (we) last
saw the deceased alive on. 19.01, and the	nat death occured at \$150, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Thomas A. (thristenson	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Thomas A. Christensen	Øollege Park, M.D.
23 BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAMPJOF CEMETER	6905 Baltimore Ave. Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	of the think and the and
The Market C	n-Cemetery apper Marloara Ma
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25%. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Hung J. Washer Hust Love 4925 Dean	de Chy 112 DATE MAY 15'61 Chilm S. Mars
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTRING		MARYLAND	2. USUAL RESIDENCE (Where o. STATE NEW YORK	b. COUNTY WES	TCHESTE	IR
b. CITY OR TOWN (III	outside corporate limits, write great town)	5-MOS.	NEW ROCHEL	side corporate limits, write	RURAL and give n	earest town)
OR INICTITUTION	AL (If not in hospitol, give stree QUEENS CHAPE		d. STREET ADDRESS 32 ROBINS	CRESCENT		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	WILLIAM	JAMES	SCHAEFER	DATE MO OF DEATH MAY		Oay Year .6 1961
S. SEX MALE	6. COLOR OR RACE 7. MAR WHITE WIDOW		8. DATE OF BIRTH SEPT.28 19	9. AGE (In years lost birthdoy) 29 yrs	Months Days	Hours Min.
VICE PRES	N (Give kind of work done 10bing life, even if retired R	KIND OF BUSINESS OR INDI Stamf ord Inc. Conn.	JSTRY 11. BIRTHPLACE (Stote or CON 14. MOTHER'S MAIDEN NA/	N. 16		S.A.
WILLIAM	J. SCHAEFER		IRMA	WENNING		
(Yes, no, or unknown)		-bt-t-able	TRLEY M.SCHA		GUEENS	CHAPEL F
Conditions, if or gove rise to it couse (o), stating lying couse lost.	mmediate DUE TO (c)	neta stati	e Carcin		ÖN	TERVAL BETWEEN
CATIC	ier significant conditions	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	al disease condition Gi	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
THER, NOTIFY	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	rt I or Port II of item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	While	£	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(Count)	y) (Stote)
21. I certify that saw the deceast 220. SIGNATURE	t (1) (this haspital) attended alive an 5/15		death accurred at 3 M	A, fram the causes a		that (1) (we) last te stated above. 22b.DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	William L.	Howell	22d. ADDRESS Wash C	I'vic V	Vash	いるこ
230. BURIAL, CREMATION SELECTION (SPECIFY)	N, 23b. DATE THEREOF 5/18/61	23c. NAME OF CEMETERY Ft. Lincol:		3d. LOCATION (City, town, Prince Geor	or county)	(Stote) Md.
24. FUNERAL DIRECTOR	s signature Hines Co.	ADDRESS Washington.	25o. R5C D	BY REGISTRAR 256. REG	SISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) director. Pa-cour files. a. COUNTY b. COUNTY Arlington Prince George's MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) Arlington Cheverly D. O. 3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Harri son . IS RESIDENCE ON A FARM? 761 SouthXECTEX Street Prince George's General Hospital YES NO KOK 3. NAME OF Month Year DECEASED 161 (Type or print) Charles Allen Shackel ford DEATH May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) hours after dea Pages 1, 2, and 3 13. Page 5 may ages 1 and 2 wi rithin 72 Jours January 8, 1916 Months White Male WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit File. dona during most of working life, aven if retirad) Virginia Construction West Superintendent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shackelford Lizzie Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes no, or unkown) (Ifyes give wer or detes of service) 2] 2-12-1432 Mrs Abbott Shackelford, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO RUSHING INSURY of gava rise to immadiata cause "pending" DUE TO (e), stating the underlying ease execute the certificate, writing the word "pendin, should be forwarded to the Chief Medical Examiner' **FUNERAL DIRECTOR**: Page 3 should be used as its designated agent, prior to burial, cremation, or r cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of Item 1B.) PRIMARIO or CONTRIBUTING CAUSE OF DEATH. Was operating a loading machine that turned over | 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, | 201. (City or lown) (Co 20c. TIME OF INJURY Month, Day, Yaar (County) (State) fectory, streat, office bldg., etc.) Whila Not While Hour XXXXX Oxon Hill P. G. Md. 61 at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry * and in my opinion Accident X death resulted from: Natural causes Suicide Homicide | Undetermined manner MIEF MEDICAL EXAMINER ACTUAL SSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5/9/61 EXAMINER'S NAME (Typair James I. Boyd Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 6 Memorial Park Salls Church Va a Buria VS. A15ME 3524 Columbia Pike, Arlington, Var MAY 15'61 5M 7/59 arthur S. Thous

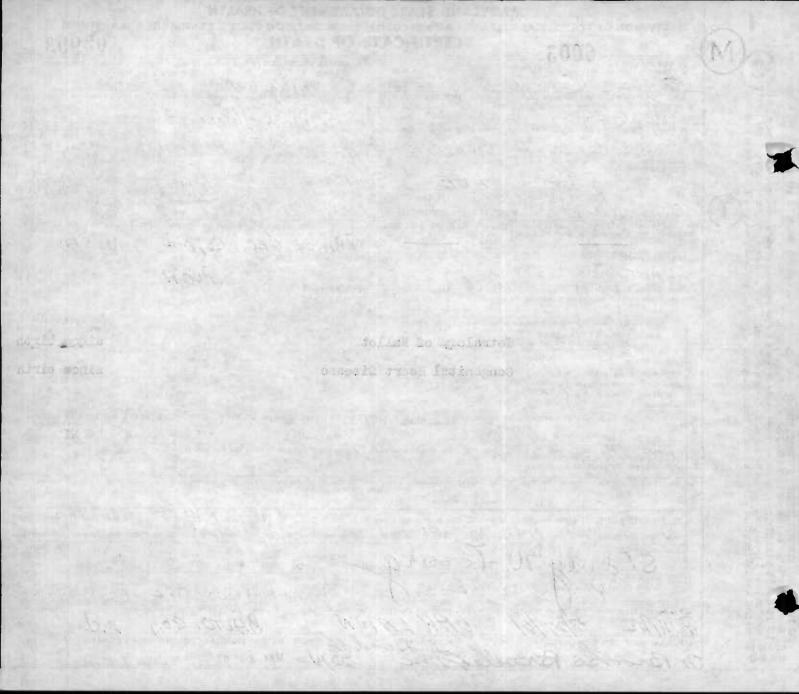
Frince Joseph . . The Same of the Sa in item Lating of ference a became could satisfaction will mile the contract of estate of estate delibert and Committee the U. 5. A. and a second Tolis single a lot. S company, activities Sanda was SCALASTA a to bound that emission will a midrage and Committee Dealers 10/01/2 1/2 - 1/2 are demonstrated and delicated by the Course of the Course of the - 257 delumba file, amington, e. myte n

within 24 hours after though TO HE STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacted twithin 24 hours death age 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.

S be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	M.	ARYLAND STATE DE	PARTMENT OF HEALTH	
	DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	, 301 W. PRESTON STREET, BALTIMORE 1, M. E OF DEATH	ARYLAND
	6003	CERTIFICATI	E OF DEATH	00993
1.	PLACE OF DEATH	1 -	2. USUAL RESIDENCE (Where daceased lived, if Institution: Re a. STATE b. COUNTY	esidance before edmission)
	Prince George		MARYLAND PG	
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giya naarast town)
	JACETLY OF HOSPITAL OF INSTITUTION IS		d. STREET ADDRESS	e. IS RESIDENCE
>	d. NAME OF HOSPITAL OR INSTITUTION (if not	in nospital, give street eddress)	413 50 Th AVENUE	ON A FARM?
3.	NAME OF First DECEASED	Middle	Last 4. DATE Month	Day Yaar
	(Typa or print) TERRI	LEE SI	MPSON DEATH MAY	25 1961
5.		MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years IF UNDER 1 Months DATE Months Months DATE Months Months DATE Months Months	YEAR IF UNDER 24 HRS.
-		IDOWED DIVORCED	//// / yrs. 2	
1D.	a. USUAL OCCUPATION (Giva kind of work one during most of working life, even if ratired)	10b. KIND OF BUSINESS OR INDUSTRY		ZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,211
	WALTER 5M	DSNAL	Dur H	
	WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT Addrass	
(.	as, no, or unkown) (in yas giva war or dales or service	(6)		
	18. CAUSE OF DEATH [Enter only one cause	sa par line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tetralogy of Fallo	t	since birth
	754.0 DUE TO			
	Conditions, if any, which) (b)_	Congenital Heart D	isease	since birth
1	gava rise to immadiate ceusa			
	(e), stating the underlying cause last.			
NO		NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
CATI				YES XX NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED.	. (Enter natura of injury in Part I or Part II of itam 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar Hour a.m.		CE OF INJURY (Homa, farm, 2Df. (City or town) (Country, street, office bldg., etc.)	(Steta)
2	Print.		, 19, to MAY 25, 19.6	(that (1) (we) last
	saw the deceased alive on		death occured at	
	220. SIGNATURE See LIN UN W	Towny M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Typa)	y Lowry	7200 MALBOIS PIKE ST	- Wash, DC
23	e, BURIAL, CREMATION, 23b. SATE THEREOF	23c. NAME OF CEMETERY OF	OR CREMATORY 23d. LOCATION (City, lown or county BALTO, CO.,	yd, (Steta)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Dun	dalla 250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
7	r. Brooks Bra	eller)me.	22 M DATE MAY 31 '61 Carting &	Krous



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Prince George's neral director. Page ed for your files. Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Hyattsville 7 days Cheverly 7 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? 6009 Longfellow Street Prince George's General Hospital YES NO X 3. NAME OF 4. DATE DECEASED with the This certificate should be executed within 24 hours after death. It is word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the dical Examiner's Office along with form PM3. Page 5 may be reuld be used as a burial-transit permit. File pages 1 and 2 with the cremation, or removal, and in any event, within 72 hours after of (Type or print) DEATH 1961 Lavina Skeen s May Marie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months September 2, 1923 WIDOWED [DIVORCED Female White USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Florida Housewife Own home 14. MOTHER'S MAIDEN NAME Williams Lavinia John Calhoun 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (If yes give we ror detes of service) James T Skeens, same as # 2 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage and shock+ Pulyoning FMBOLISM IMMEDIATE CAUSE (e) DUE TO Contused and ruptured pancreas, fracture of 7th and 8th Conditions, if eny, which geve rise to immediate cause ribs-left DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ease execute the cartificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be YES X NO -20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. burial, Driver of an automobile that struck a fixed object 20d. INJURY OCCURRED + 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) 20c. TIME OF INJURY (Stete) fectory, street, office bldg., etc.) Not While Raltimore Md. Raltimore 16,061 Street et work - et workXX prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion agent, Accident x Suicide Homicide | Undetermined manner [death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5/23/61 EXAMINED'S James I. Boyd NAME (Type) Address (Street, city, town, or county) please 4 should for FUNE 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d, LOCATION (City, town, or country) 22a. BURIAL, CREMATION. May 26, 1961 Ft Lincoln Cemetery Colmar Manor, Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons Hyattsville. Md. MAY 26 '61 arthur & House 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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	LAN CONTRACTOR		w2rzeH
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	AND ADDRESS OF A CO.		
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	Was Was	ynet.ville, 1st.	li engo silgado (A. 1.)

FOR STATE ay is necessary, eral director. Pege TO DE.W.Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an eley is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Peg 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bours efter death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COOK MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0595

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesad lived, If institution: Residence before admission)
• . COUNTY Prince George's MARYLAND	Maryland b. COUNTY Prince George's
b. CITY OR TOWN (if outside corporela limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give naerast town)	
T. B. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Brandywine d. STREET ADDRESS l. S. RESIDENCE
	ON A FARM?
Dobson Clinic 3. NAME OF First Middle	Route # 1, Box 140
DECEASED	OP
	nallwood May 23, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS.
Male Colored WIDOWED DIVORCED	February 23, 1902 59 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 Laborer General	Maryland U. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Smallwood	Sarah Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yas, no, or unkown) (Ifyas giva war or dates of servica)	Joseph A. Proctor, same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Congestive hear	t failure ONSET AND DEATH
11110	
Conditions if any which Cardiovascular	renal disease
geve rise to immadiata causa	201142
(e), stating the underlying DUE TO	
cause lest. (c)	ON BELATER TO THE TERMINAL DISEASE COMPLYION CHIEF IN BART 1/ 1/ 50 MAS AUTORON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO X
PRIMARY OF CONTRIBUTING	(Enter neture of injury In Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p.m. 19 el work el work	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry XX and in my opinion
death resulted from: Natural causes X, Accident , Suid	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL COLLEGE TO SON	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER \(\forall \) 5/24/61
NAME (Type) Jmaes I. Boyd	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Burial 5/27/61 John 7:10s	LOW Clauses manhout
23. FUNDAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Horras H. Kelins	DATEMAY 31 '61 Orthur & Kraus
may so well	DATEMAY 31 '61 arthur S. Flours

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TO HG TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the state. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should so be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. fithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05996 6006

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1/	a. COUNTY	a. STATE b. COUNTY
4	Prince George MARYLAND	Maryland Prince George
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
	Adelphi	Adelphi
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
		ON A FARM?
		1925 Laguna Rd YES NO
7	3. NAME OF First Middle	Last 4. DATE Month Dey Year
	(Type or print) DANIE TRANCES	SMITH DEATH 5 2 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	NEVER MARKIED L	last birthday) Months Days Hours Min.
	Female White WIDOWED DIVORCED 1	1/14/1899 62yrs.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) NOUSeW11e	27.
	13. FATHER'S NAME	Virginia
	IS. TAIDER S NAME	14. MOINER S MAIDEN NAME
1	Basil Fewell	Hattie Fewell
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivawarordatesofservice)	
	no	Carter Smith 1925 Leguna Rd
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Lecelro Vas	cular accedent 72 his
-		
	SOV DUE TO What to	eve Vascular Disease
	Conditions, if any, which \ (b)	we revenue to the
i	gave rise to immediate cause (a), stating the underlying DUE TO	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH TO CAUSE OF DEATH TO THE FITHER, NOTIFY MEDICAL EXAMINER	PERFORMED?
-		YES NO
	E 200. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	de al	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While st work at work	O. ha
		There was they to be the the
	21. I certify that (I) (this hospital) attended the deceased from.	
	saw the deceased alive on	Seath occured at
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Descend a tite heald	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS.
	22c. PHYSICIAN'SD	201 ADDIES
	NAME (Typ-Bernard A. Fitzgerald	217 University Blist E. SS. Mid
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) F/F/67 Codox Hill	Suitland Md
	Burial 5/5/61 Cedar Hill	A CONTRACTOR OF THE CONTRACTOR
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	D.C 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Tel timese Home - 300 4ik	1 1- DATE MAY 5 161 Chilling S. Kraue

4 TACK LOUISING HIS 1/14/1899 - BULEA DIRECT att smoll a Two almingty fiers liess Margard . Margard - control of the branch of Bereit stales Committee Line butched Language THE STATE OF THE S

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY director. Page Heelth. e. STATE h COLINTY is necessary, Prince George's files. MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) your y write RURAL end give neerest town)
Cheverly h hours d. STREET ADDRESTVILLE Por d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) Prince George's General Hospital 5949 Ritchie Road NAME OF Middle DATE Month DECEASED OF the (Typa or print) DEATH May Smi th Patricia T nn with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR 2 with age 5 may 1 and 2 will 72 hours ast birthday) Bud Months Female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, avan if retired in Item 18. Give Pages 1, ng with form PM3. Page District of Columbia U. S. A. Own Home Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claudine Berger Joe Freeman File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for permit. (Yes, no, or unkown) | (If yes giva wer or datas of sarvica) Claude W. Smith, same 578-24-8261 as # certificate should be executed Office along w burial-transit p 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (a) pencil DUE TO Subdural Hematoma (right side), massive Conditions, gava risa to immadieta ceusa Ø DUE TO (e), stating the underlying Examiner causa lest used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)) 19. WAS AUTOPSY 99 the word plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: writing Chief 3ge 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f., (City or fown) 20c TIME OF INJURY Month, Dey, Yaer (County) age fectory, street, office bldg., etc.) Not While While Hour a.m. the R. P. et work at work certificate, L DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy & Inspection & Inquiry X Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER execute the ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE designat 5/21/61 EXAMINER'S NAME (Type) Address (Street, city, town, or county) James 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY its REMOVAL (Specify) 40 P OI 24e. REC'D BY REGISTRAR VS. A15ME arthur & thouse

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

hours

hours

YES X

and in my opinion

DATE SIGNED

(Steta)

PERFORMED?

NO [

(Stata)

Year

5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution, Rasidence before admission) a. COUNTY a. STATE b. COUNTY rince George Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Temple Hills Temple Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Temple Hills Rd. Temple Hills 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years of UNDER 1 YEAR last birthdey) White Months Doys Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret. Railroad Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis B. Smith Marrietta Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. HazelW. Winkelman (Same AS #2 1B. CAUSE OF DEATH (Entar only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: NSVFFICIPNCX IMMEDIATE CAUSE (a) DUE TO Ve HEART FAILURE Conditions, if any, which geve rise to immadiate cause **DUE TO** (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) Month, Day, Yeer factory, street, office bldg., etc.) While Not Whila et work at work D m 19.5.9 to NAY.7...., 19.6.1, that (1) (we) last 19.6/, and that death occured at .S.P.M, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATUR ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

Ft. Lincoln Cemetery

23d. LOCATION (City, town or county)

Colmar Manor. Md

24 EUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

archy S. Kraus

. IS RESIDENCE

YES NO

Yeer

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO T

(Stete)

22b. DATE

SIGNED

U.S. 4.

IF UNDER 24 HRS.

ON A FARM?

VR A15 (4) 15M 9/60

agreed wenter. Md. Frince bearge allta o que. affili of numer a 15093 Temple Hills Bd. m. Tori SOPE Temple Effic Fd. A TOTAL STATE OF THE STATE OF T July 5, large and a grad Daswiller .Jen .A.c.u bas yosa Manager of the party of the par 10 - 100 - 1

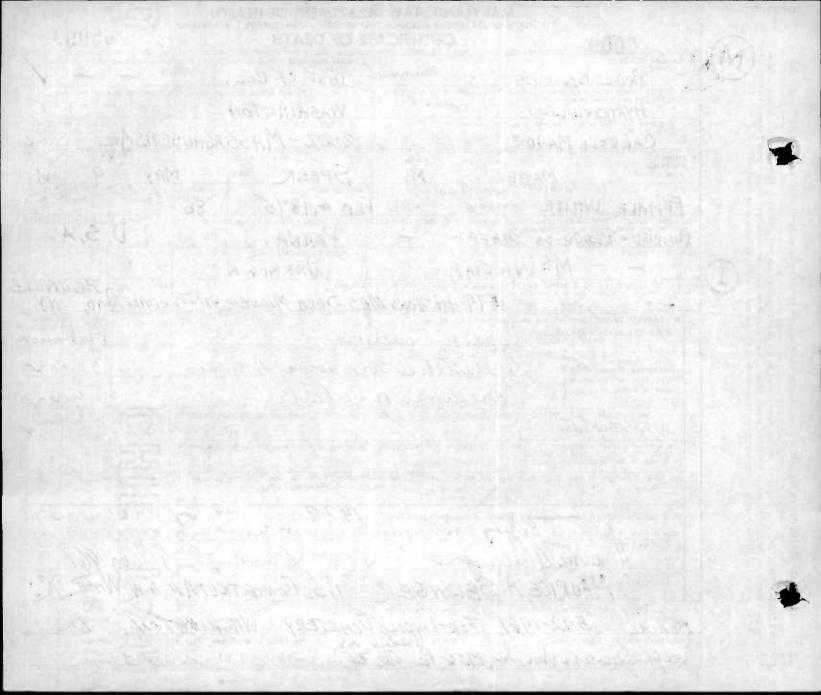
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1											
		PLACE OF DEATH	E GEORGE'S	7	MARYLAN	o. STATE	SIDENCE (Who	CoL (I. If institution: F b. COUNTY	Residence before	odmission)
	t	RURAL ond give ne	outside corporate limits orest town)	, write c. LEN	GTH OF STAY IN I	11/	SHING	utside corporate li	mits, write RURA	L and give neare	est town)
d	c	OR INSTITUTION	AL (If not in hospital, give		B CADA	d. STREET		105500	UNSETT	SAVE .	IS RESIDENCE ON A FARM? YES NO R
	2 1	VARR NAME OF			ha: 3 m	1 1/1/2	~ /	4. DATE	TIUDLIA	N.W.	
		DECEASED Type or print)	MAB	EL	Middle M.	SP	EER	OF DEATH	MAY	9	19 6 /
	5. S	FEMALE	6. COLOR OR RACE	7. MARRIED [DIVORCED	-	1875	los			F UNDER 24 HRS. Hours Min.
	-	USUAL OCCUPATION During most of work	N (Give kind of work doing life, even if retired)	STAFF	F BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stote of	or foreign country		12. CITIZEN OF V	VHAT COUNTRY?
		FATHER'S NAME	in the so	21/1/		14. MOTHER	'S MAIDEN N	AME			
1		_	- M=N	VILLIAI	M		UNKN	NWO	336		
			R IN U. S. ARMED FORC		SECURITY NO. 1	Mes. SA	RA MI	LLER +1	1- FORDA	ALL ROAD	RONXVILL N.Y.
		18. CAUSE OF DEA	TH [Enter only one cou	se per line for (c), (b), and (s).]	0		-		INTER	VAL, BETWEEN
1			TH WAS CAUSED 8Y:	(arke	ec ta	elure				12	Lour
		15	DUE TO	11 +	4	0	•	1			
	H	Conditions, if or		Melu	ratio	aremo	ma .	fluis	9	9,	years
		gove rise to it couse (o), stoting lying couse lost.		Carci	uoma	2 Recli	in			6-	years
	CATION		IER SIGNIFICANT COND	OTTOMS CONTRIB	BUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE COM	NDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO TO
	CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter noture	of injury in P	ort I or Port II of	item 18.)		
		20c. TIME OF INJUR		20d. INJURY C	OCCURRED 20e	. PLACE OF INJURY	' (Home, farm,	20f. (City or to	wn)	(County)	(Stote)
	MEDICAL	Hour o.m. p. m.	19	While _ N	ot while work	foctory, street, off	ice bldg., etc.				
		21. I certify that	t (I) (this hospital)	111/2 2	//	m 192 at death accurr	9 19_	to	luay,		t (I) (we) last
		220. SIGNATURE	Laurice 71/2	lol	, and the	ATTENDI	NG ME	D ST	AFF _ 0//	In the date s	22b.DATE SIGNED
		22c. PHYSICIAN'S	an me y 10	A		M.D. PHYS.		RECTOR PH	iys. 🗆 7 (A	ray 190	01
		NAME (Type)	MAURICE.	A. SEL	INGEI	2 11:	50 CON	INECTICU	TAYE, N.	W. WAS	H.DC
	23a.	BURIAL, CREMATIO REMOVAL (Specify)	5-12-19	61 Fo	PT LINCOL	Y OR CREMATORY	ERY	WASH	(City, town, or co	ounty)	(Stote)
1	24 _A	FUNERAL DIRECTOR	SSIGNATURE	A A	DDRESS Wash	.6. DS	250. REC'D	8Y REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
2	S	oseph La	where one,	Jus. 173	6-Pa- 4	el XIO.	DATE MA	Y 1 2 '61	arch	or S. Kraus	4



		1
TO HC ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
OR ATTENDING may be retained by	DIRECTOR: After should be detached	e State Dept. of He
death, 7 age 4	C FUNERAL	be filed with th
I	H	

VR A15 (4) 15M 9/60

	MARYLAND	STATE DE	PARTMENT	OF HEALTH
ON OF STATISTICA	I DECEADOU AN	ID DECORDE	DOL W. DDEC	TON CYPERY F

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06006010

									0 - "	
1.	PLACE OF DEATH	(220)	7		2. USUAL RESI	DENCE (When	e deceesed lived, If b, COUN		ence before a	dmission)
		Prince Ge	orges	MARYLAND	e, SIAIE	D. C.	8, COOP	ALT.		de
	b. CITY OR TOWN (if write RURAL and		ts, c.	LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside	corporete limits, write	e RURAL end giv	e neerest low	/n)
	Clenn Dale			26 days		Mochi	ngton	L	1-72	K
47	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in hospitel,	, give street eddress)	d. STREET ADD	RESS	ng con	-		ESIDENCE
1	Glenn Dale	Hospital				1509	North Cap	itol St.	ļ	A FARM?
3.	NAME OF	First		Middle	Last	4. DAT				
	DECEASED (Type or print)	Joh			Stewart	OF DEA	тн 5	17	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeers			
	Male	Negro	WIDOWED	DIVORCED	11/21/05		Last birthdey)	Months Deys	Hours	Min.
10	a. USUAL OCCUPATION	ON (Give kind of work		OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(County & Stete	, or foreign country)	12. CITIZEN	OF WHAT	OUNTRY?
	one during most of work		d) Unlo	n Terminal	Va			TISA		
	. FATHER'S NAME		Mark	Ç U	14. MOTHER'S MA	IDEN NAME		1 0-22		
	Charles	Stewart			Polly	Howard				
15	. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO. 17.	INFORMANT		Address			
	us, no, or unkown) (If:	yesgive war or detes of s	578-	01-4910	Dededent					
	18. CAUSE OF DE	EATH [Enter only one	ceuse per line f	or (e), (b), end (c).]					NTERVAL BET	
		WAS CAUSED BY:	Bronche	ogenic carci	inoma, left	lung.	with wide		ONSET AND	onths
	162	DUE TO	genera.	lized metast	asis					
	Conditions, if eny,	which (b)								
	geve rise to immedia	te ceuse								
	(e), steting the un ceuse lest.	derlying								
z		SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE 1	TERMINAL DISEA	ASE CONDITION GIV	(EN IN PART 1(e)	19. WAS A	UTOPSY
CATION		ronchopneu							PERFO	RMED?
A E	200. ACCIDENT WA	CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCCUR	ED. (Enter neture of inju	ury in Perl I or P	ert II of item 1B.)			
3 2	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICA	20c. TIME OF INJUR Hour e.m.	Y Month, Dey, Ye	While et work		ACE OF INJURY (Hom ectory, street, office blds		(City or Iown)	(County)		(Stete)
14		at (i) (this hospit	al) attended	the deceased from	1/21	1961	105/17	1961	that (1) ((we) last
,	saw the decease	-1 1-		1961 and the		at.AM. f	rom the causes	and on the	date state	d above.
N	220. SIGNATURE			The state of the s						. DATE
	1	we we	n		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		5/17	/1961
3	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	5	Glenn Dale	Hospita	al	
2		Moe Weiss	5, M. D.			(Glenn Dale	, Md.		
23	PENENTAL Specify)	DN, 23b. DATE THE	REOF 23	C. NAME OF CEMETER	OR CREMATORY) K 23d. I	OCATION (City, to	wn or county)	(\$	tote)
N	Philay	12/27/	6/4	Jarmony,	20/2/10/11/1	PER TO	11/01	CICTRADIC CICH	LATIEDE	
37	EUNERAL DIRECTOR'	GNATURE	L. F	ADDRESS 2500	NICHOS	WHAY 23	GISTRAR 256. RE	Cithur & K	-	
14	100er	७ । । । ।	079 / L	hera!	THE S. E. DA	IF WILL TO	7.	2. 10		

arara0 Araticagh also madil SOLIES OF introduces | Die _10_878 Brown o and openings, less low, the purpose Transcraperioning link aung West attended And Asher, W. W. C. B. CANCEL DESCRIPTION

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

O 6 (1) 1

1. PLACE OF DEATH o. COUNTY					
0. 0001111			CE (Where deceased lived, If	Institution: Rasidance I	pefore admission)
Prince George	f g MARYLAND	e. STATE Mary	land b. coun	Prince Ge	orgets
b. CITY OR TOWN (if outside corporate lin write RURAL and give naerast town)			f outside corporete limits, write	RURAL and give nee	rest lown)
Cheverly	Dead on arriva		st Heights	18	
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street eddress)	d. STREET ADDRESS			ON A FARM?
Prince George's G	eneral Hospital	2442 IVE	erson Street		YES NO
3. NAME OF DECEASED	st Middla	Last	4. DATE Month	Day	Yeer
(Type or print) Betty	y Berneal	Stillwagon	DEATH MAN	7 1.	19 61
		DATE OF BIRTH	9. AGE (In years		UNDER 24 HRS.
77 7 100.11		october 11, 1	1917 43 birthdey)	Months Days H	lours Min.
Female White 1De. USUAL OCCUPATION (Give kind of wo				1 12. CITIZEN OF W	HAT COUNTRY?
done during most of working life, even if ratio	rad)			U.S.A.	
Housewife 3. FATHER'S NAME	At Home	Fayette Cor		U.D.A.	
		14. MOTHER 3 MAIDEN			
Jewell R. McCombs			Benson		
 WAS DECEASED EVER IN U.S. ARMED FC (Yes, no, or unkown) (Ifyesgiva werordetesol 	[service]	NFORMANT	Address	2442 Iver	son St.,
No None	Unknown Mr.	. William K.	Stillwagon, H	illcrest H	gtm. Md.
18. CAUSE OF DEATH [Enter only on	na cause per lina for (a), (b), and (c).]		0	INTER	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	LNCREASED I	NTRACRAN	IAL PRESSUR	E	AND DEATH
2 2 3 DUE TO			0		
Conditions, if any, which	HEMORRHAGIC NI	ecensis of	Ream Tue	1 2 40	
gave rise to immediate ceuse		200010	שאווא ועא	ION	
(e), stetling the underlying DUE To	0			3.5	
cause lest.	,				
	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	HAL DISEASE CONDITION GIV	EN IN PART 1(e) 19.	WAS AUTOPSY PERFORMED?
		T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV		
					PERFORMED?
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	DITIONS CONTRIBUTING TO DEATH BUT NO 2Db. DESCRIBE HOW INJURY OCCURED. (E		I or Pert II of Item 18.)		PERFORMED?
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OCCURED. (E	nter neture of Injury in Pert	I or Pert II of Item 18.)	YES	PERFORMED?
PART II. OTHER SIGNIFICANT CONE 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 19	2Db. DESCRIBE HOW INJURY OCCURED. (E	nter neture of Injury in Perl CE OF INJURY (Home, ferm pry, street, office bldg., etc.	l or Pert of Item 18.)	(County)	PERFORMED?
PART II. OTHER SIGNIFICANT CONE 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 19 21. I certify that I fook charge	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURED While Not While of work et work of the remains described above, he	nter neture of Injury in Perl CE OF INJURY (Home, ferm pry, street, office bldg., etc.	I or Pert II of Item 18.) 20f. (City or town) Inspection . Inquir	(County)	PERFORMED? NO (Stete)
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 19 21. I certify that I took charge	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURED While Not While of work et work of the remains described above, he	nter neture of Injury in Period CE OF INJURY (Home, ferm cry, street, office bldg., etc.	I or Pert II of Item 18.) 20f. (City or town) Inspection X, Inquir , Undetermined m	(County)	PERFORMED? NO (Stete)
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Y Hour e.m. p.m. 19 21. I certify that I took charge death resulted from: Natural C	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURED While Not While of work et work of the remains described above, he	CE OF INJURY (Home, fermory, street, office bldg., etc. Id an Autopsy X, de , Homicide CHIEF MEDICAL E	I or Pert II of Item 18.) , 20f. (City or town) Inspection , Inquir , Undetermined m	(County) y , and in anner	(Stete)
PART II. OTHER SIGNIFICANT CONE 2Da. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 19 21. I certify that I took charge death resulted from: Natural of	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURED While Not While of work et work of the remains described above, he	CE OF INJURY (Home, fermory, street, office bldg., etc. Id an Autopsy X, de , Homicide CHIEF MEDICAL E	I or Pert II of Item 18.) 20f. (City or town) Inspection Inquir Undetermined m XAMINER CAL EXAMINER	(County) y X, and in lanner	(Stete) my opinion
PART II. OTHER SIGNIFICANT CONE 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 19 21. I certify that I took charge death resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S NAME (Type) JAMES J	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURRED 200. PLA While Not While et work of the remains described above, he causes Accident Suici	CE OF INJURY (Home, fermory, street, office bldg., etc. Id an Autopsy, de, Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	I or Pert II of Item 18.) 20f. (City or town)	(County) y X, and in anner DAT May 1,	(State) my opinion E SIGNED 1961
PART II. OTHER SIGNIFICANT CONE 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 21. I certify that I took charge death resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S NAME (Type) JAMES 1 226. BURIAL, CREMATION. 226. DATE THER	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURRED 200. PLA While Not While et work of the remains described above, he causes Accident Suici	CE OF INJURY (Home, fermory, street, office bldg., etc. Id an Autopsy, de, Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	I or Pert II of Item 18.) 20f. (City or town)	(County) y X, and in anner DAT May 1,	(Stete) my opinion
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Y Hour e.m. p.m. 21. I certify that I took charge death resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S NAME (Type) 122c. BURIAL, CREMATION, REMOVAL (Specify)	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURED 20e. PLA while Not While facts of the remains described above, he causes Accident Suici	CE OF INJURY (Home, form pry, street, office bldg., etc. Id an Autopsy , de , Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDICAL E Address (Street, c	I or Pert II of Item 18.) Inspection Inquir Undetermined m EXAMINER EXI	(County) y , and in anner DAT May 1,	(Stete) my opinion E SIGNED (Stete)
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Y Hour e.m. p.m. 21. I certify that I took charge death resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22c. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL May 5, 1	2Db. DESCRIBE HOW INJURY OCCURED. (E 2Db. DESCRIBE HOW INJURY OCCURED. (E 2Dd. INJURY OCCURRED 200. PLA While Not While et work of the remains described above, he causes Accident Suici	ce of Injury (Home, fermory, street, office bldg., etc. Id an Autopsy de CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, of	I or Pert II of Item 18.) 20f. (City or town)	(County) y x , and in anner DAT May 1, or country) Fayette Ct	(Stete) my opinion E SIGNED (Stete)
PART II. OTHER SIGNIFICANT CONE 2Db. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Y Hour e.m., p.m. 21. I certify that I took charge death resulted from: Natural of ACTUAL SIGNATURE EXAMINER NAME (Type) 22e. BURIAL, CREMATION, REMOVAL (Specify)	DITIONS CONTRIBUTING TO DEATH BUT NO 2Db. DESCRIBE HOW INJURY OCCURED. (E Sear 2Dd. INJURY OCCURRED 20e. PLA While Not While facts of the remains described above, he causes Accident Suici BOYD, M.D. REOF 22c. NAME OF CEMETERY OR ADDRESS	ce of INJURY (Home, fermory, street, office bldg., etc. Id an Autopsy de, Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI Address (Street, of CREMATORY	I or Pert II of Item 1B.) Inspection Inquir Undetermined m EXAMINER INCAMINER INC	(County) y x , and in anner DAT May 1, or country) Fayette Ct	(Stete) my opinion E SIGNED (Stete) (Stete)

SOLT WHO IS THE WHOLE CLEANING OF DEATH OF THE e le reso seu les assisted space fill the bearing as feet Latings leveral a lowers confri Setty V Jones Language Language V Attack Damie Tunite Lessell of Theorem 11, 1917 43 of Expette Country, Text. U.S.A. to a contract of the second physical description of the E. William on the Millorent Hose., id. E and to the state of the state PROPERTY OF PROPERTY OF SECULO TO ALCK 100 A 1 100 A J. N. COS . I SALV. . - Sound sellie, Tayette Offe, Fr. The state of the s

FOR STATE HEALTH DEPT.

h. If any toley is necessary, to the fundral director. Page be retained for your files. In the State Board of Health, IO DEFOUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. I please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or remove, and in any event withmit 2 pours after

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH ARAA?

IGUAL DECIDENCE AND A		VUUVC
		sidence before edmission
		George's
Cla	4	2
		a. IS RESIDENCE
		ON A FARM?
3104 - 63m.		YES NO
4. DATE	Month	Dey Yeer
ickley.Jr	May 17	th. 1961
	L yrs. Months De	ys Hours Min.
BIRTHPLACE (State or foreign country	12. CITIZ	EN OF WHAT COUNTRY
Penne	7	TCA
		J.S.A.
race Adams		
	Address	
	44	
orathy Stuckery,	scille ers 17 %	
		ONSET AND DEATH
nd shock		
the base of the si	cull	
TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	e) 19. WAS AUTOPSY
		PERFORMED?
turn of injury in Part I on Book II of the	10 1	YES NO
le that ran off t	he raod and	overturned
	own) (County	(Stete)
Largo	P. G.	Md/
	Inquiry IXI.	and in my opinion
		and in my opinion
	mined manner -	
).		DATE SIGNED
		17th., 1961
ATORY 22d. LOCATION	(City, town, or country)	(Stete)
m- Ullem	own, be	ma
	_ /	,
MAY 2 2 '61	arthur S. Th	aua
	Cheverly d. STREET ADDRESS 3104 - 63 rd. A List A. DATE OF DEATH LIST LIST LIST A. DATE OF DEATH P. ACCEPTED AND ADDRESS 3104 - 63 rd. A LIST LIST A. DATE OF DEATH P. ACCEPTED AND ADDRESS AND ADDRESS 3104 - 63 rd. A LIST DEATH P. ACCEPTED ADDRESS AND ADDRESS ADDRESS AND ADDRESS ADDRESS	Maryland CITY OR TOWN (If outside corporate limits, write RURAL and Cheverly d. STREET ADDRESS 3104 - 63rd. Avenue 1. DATE Month OF DEATH May 1. Lest birthdey) Months De Monther's Malben NAME Frace Adams BERANT Address Dorathy Stuckely, same as # 2 and shock the base of the skull ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 BINURY (Home, ferm, 20f. (City or town) Largo P. G. Autopsy Inspection Minquiry M. Homicide Undetermined manner Chief Medical Examiner Deputy Medical Examiner May Address (Street, city, town, or county) Afory 22d. Location (City, town, or county) Afory 22d. Recistrar 24b. Registrar's Sign

Prince Copyrole VISOT TELE Property Colors The state of the s 4 3 . Mrs. No. - The Strategist. 20,103 cts 2015 1 to 32 down test estate 15 1 1 1 2 a

CO. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death, was a may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the state Dept. of Health prior to burial, cremation, or removal, and in any exect, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6013 CERTIFICATE OF DEATH
6003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE			before edmission)
Prince George	MARYLAND	a. STATE Md.	b. coun	rince Geo	rce
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		atside corporate limits, write		
Cheverly	12 hours	Hyattsvill	le	2/	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS			ON A FARM?
Prince George General		3308 Stanfo	rd Street		YES NO S
3. NAME OF first	Middle		DATE Month	Dey	Year
DECEASED (Type or print)		42.00	OF DEATH		10 .
Mark	W	Thomas	May	27_	1961
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
Male White WIDOV	VED DIVORCED		55 yrs.	Monnis Days	Tiodis //iii.
10a. USUAL OCCUPATION (Give kind of work done during most of working life aven if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	State, or loreign country)	12. CITIZEN OF	WHAT COUNTRY?
Accountant Administrati	veu. S. Govern	ment Kans	as	US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Willard Thou	mae	Augusta Dod	re		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10		NFORMANT	Address		
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)					
no		ace Thomas	Hyattsvill		
18. CAUSE OF DEATH [Enter only one cause pe				. ONS	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	REBRAL HE.	MORRHAGE	Rt-VENTRI	CLE)	
DUE TO					
Conditions, if any, which) (b)	LYPERTENSO	1010			
gave rise to immediate cause	7 / 10 10 10 10 10 10 10 10 10 10 10 10 10				
(a), stating the underlying DUE TO	ENERALIZED	ARTERIASC	IEROSIS		
				ENI INI DADT 1(a) (10	W/AS ALITODOV
E PARTIL OTHER SIGNIFICANT CONDITIONS CO	DIVINOUNG TO DEATH BUT NO	NELATED TO THE TERMINAL	DISERSE CONDITION GIV	CIA IIA PAKI I(d) IX	PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Y	ESX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part	I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20c	H, INJURY OCCURRED 200, PLA	CE OF INJURY (Home, ferm,	20f. (City or town)	(County)	(State)
ZOc. TIME OF INJURY Month, Day, Year 20c Wh Hour a.m. 19 at w	HIS THOU AT HIS	ory, street, office bldg., etc.)			
2		3/7/1/2	121 4 2 111	//	
21. I certify that (I) (this hospital) atte					
saw the deceased alive on	May 196/ , and that	death occurred at	M, from the causes	and on the dat	te stated above.
22a. SIGNATURE	nd.	ATTENDING _ MED	STAFF	_	22b. DATE
1 Klory & Bl	VIII M		CTOR PHYS.	May 2	7-196 DATE
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type) Dt. Leon L. G	allin	7206 Colesv	ille Road, W	. Hyattsv	illle, Md
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, tox	wn or county)	(State)
Burial (Specify) May 30, 196	1 Immanuel Met		lorsehead	Marylan	d
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D	BY REGISTRAR 256. REG	GISTRAR'S SIGNAT	URE
F. Gasch's Sons Hyatt	sville Md.	DATEMAY	31'61 0.	Tima & Kray	4
		RIAL		many and the contraction	

2 March & 1908

Philips C. Durchauff, doct.

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MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

61

Min.

19

PERFORMED?

NO

(State)

22b. DATE

SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06005

o. COUNTY Prince	ce George s	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryla)	h COUNTY	on: Residence before admission) Pr. Geo!s
	f outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporote limits, write Resights, Maryla	
d. NAME OF HOSPIT OR INSTITUTION 5107- 25t)	AL (If not in hospitol, give street a Avenue S. E.	oddress)	d. STREET ADDRESS 5107- 25th	Avenue S.E.	e. IS RESIDENCE ON A FARM? YES NO 🏋
3. NAME OF DECEASED (Type or print)	GASPER First	J. TIN	Lost KELENBERG	4. DATE Mon OF DEATH May 15th	1.
s. sex Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 3- 1893	9. AGE (In years lost birthday) 68 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION during most of work Retired	DN (Give kind of wark done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	South Dako		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Tink	elenberg		14. MOTHER'S MAIDEN N Nellie De		
	R IN U. S. ARMED FORCES? 16.		rs. Gertrude C	Neill Tinkele	ress enberg Same as # 2
PART I. DEA Conditions, if or gove rise to in cause (a), stating lying couse last.	mmediate DUE TO	RONINZY (Declusia	ehu.	ONSET AND DEATH
CATIC		CONTRIBUTING TO DEATH BU			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO ③
	CAUSE OF DEATH MEDICAL EXAMINER)	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, formoctory, street, office bldg., etc	n, 20f. (City or town)	(County) (Stote)
	it (1) (this haspital) attended alive an MAY 1	- 1.	death accurred at	M, from the couses or PHYS. A 1 THER STAFF	5, 1961, that (I) (we) last and an the date stated above. 22b. DATE SIGNED
Burial (Specify)		23c. NAME OF CEMETERY O	emetery	23d. LOCATION (City, town, Suitland, Ma	ryland
24 PUNERAL DIRECTOR	S SIGNATURE	1661 Good Hop Washington 20.	e Rd SE DATE	484V 4 104	ISTRAR'S SIGNATURE

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		AND THE RESERVE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence .. COUNTY Prince George's b. COUNTRINCE George's Health, director, Page or your files. MARYLAND b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town jo Mitchellville Cheverly D.O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Route # 2. Prince George's General Hospital Box 48 retained he State B 3. NAME OF 4. DATE Middle DECEASED the Clarende Fidward Timett Jr. DEATH May 25. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIER 19. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. With DATE OF BIRTH 2 will last birthday) Months | Days Male White WIDOWED DIVORCED May 20, 1959 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10 m done during most of working life, even if retired) Maryland None None Pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 83 Clarence Edward Tippett Sr. Joan Ellen Mullikin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give werordetes of service) Clarence Edward Tippett Sr. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: RACHEOBRONCHITIS IMMEDIATE CAUSE (e) burial-t Office DUE TO (6) gave rise to immediate cause **DUE TO** (e), stetling the underlying pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY writing the word 'e Chief Medical Ex Page 3 should be u should be i EREBRAL LOEMA 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Chie 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work et work please execute the common 4 should be forwarded to the Common and FUNERAL DIRECTOR: P 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry K. death resulted from: Natural causes Suicide [Homicide . Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type Address (Street, city, town, or county) 228, BURIAL, CREMATION | 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Mt. Oak Cemetery Mitchellville 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR JUN 1 '61 VS. A15ME Circling & Krous Ritchie Bros.Fun'l Home-Upper Marlboro, DATE

a. IS RESIDENCE ON A FARM?

YES NO

61

Year

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stete)

YES INO 4

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Same as

(County)

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Cales, record improduct regal and texture and the very limbal time property and are a TO A CONTRACT OF SA YOU S to MUDGE 2 CH | 1 129 A Paris de la Company de la co determination of the second .4 Observation Misseuri Manually Str. Section The last engine we have a larger to a supply PERSONAL PROPERTY. reducings a reference • 51 The state of the s \$fot. That condition is a collection of the line of the collection

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and the funera and should free the	Prince George b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearast town) Chevron 1 x	o. STATE Maryland c. CITY OR YOWN (If outside con	beceesed lived, If Institution: Residence before edmission) b. COUNTY cince George porate limits, writa RORAL and give nearast town)
etely Villed in pers. Pages, 2 hours aff	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospital NAME OF First Middle	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO Month Dey Year
and comple carbon pap t, within 72	(Type or print) S. SEX Female 6. Baby or RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	Townsend	9. AGE (In years IF UNDER 1 YEAR ABOUT 1961 Months Days Heggs Migo
ing physician ease remove of in any even	done during most of working life, even if retired) None 3. FATHER SOME	USTRY 11. BIRTHPLACE (County & Stote, o Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
the attending nit. Then pleas removal, and ir	Chester Townsend 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yas, Wor unkown) (Ifyesgivewarordatesofservica) None	Anna Jean Burr Nother	oughs Address Same
as been signed by burial-transit perr al, cremation, or	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse (a), stating the underlying cause last. (c)	(Buth of 14 00)	INTERVAL BETWEEN ONSET AND DEATH
or use as prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASI	YES NO
After etache of Hea	Hour a.m. p.m. While Not While et work at work	factory, street, office bldg., etc.)	(State) (State) (State) (State) (State) (State)
FUNERAL DIRECTOR: rector, page 3 should be d filed with the State Dept.	21. I certify that (I) (this hospital) attended the deceased from May 26 19 61, and 22e. SIGNATURE There are the Christeus at 22c. PHYSICIAN'S NAME (Type) Dr Thomas Christensen M.D.	M.D. ATTENDING MED. DIRECTOR	m the causes and on the date stated above 22b. DATE STAFF PHYS. 5/29/6/ ve., Cpllege Park, Md.
MS TO FUN (4) be filed	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET REMOVAL (Specify) Cremation 6-21-61 Prince Geo. ADDRESS LOTT W. PLATT Jr., Administrator	Gen Hospital Cheve	cation (City, town or county) (State) orly, Maryland strar 256. REGISTRAR'S SIGNATURE 1 Callun S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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Division-of-STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH . COUNTY a. STATE Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Cheverly Glenarden d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Prince George's General Hospital 3. NAME OF 4. DATE DECEASED DEATH (Type or print) Charles Nathani el Tucker 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Male Colored WIDOWED DIVORCED [August 10, 1960 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) None None Maryland pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Harris Barbara Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes. no. or unkown) | (If yes give wer or detes of service) Barbara Tucker, same as # 2 in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ce along **burial-transit** PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO Offi geva rise to immediate cause U 10 DUE TO Examiner's (a), stating the underlying 2 pluods 20h. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury In Part I or Part II of item 18,) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing the Chief A Page 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Noon at work at work 19 6] Home Glenarden sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 228 AURIAL CREMATION, REMOVAL (Spacify) 240 g VS. A15ME

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) L COUNTY Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? 6th and Lincoln Avenue YES NO T Year 19 67 May 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 11.0 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH Compression between matres and foot of bed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO F Baby rolled off end of bed between matres and foot (County) (State) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. AOCATION (City, town, or country) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

A CALL THE AGE TO SEE The Table Street, THE PLANT OF THE PLANT OF THE PARTY OF THE P AND THE PARTY AND THE PARTY OF 15 349 AN 25 I ar illo 1 2 Annia accidentata an materia, and desperance de la con-THE RESERVE AND THE PARTY OF TH

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	age 4 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (filed in by the funeral	or, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	d with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
ENDING	etained by	OR: After	oe detache	ept. of He
OR ATI	may be r	DIRECT	3 should b	e State De
FAL	age 4	NERAL	r, page	d with th

DIVISION		ARYLAND STA	CORDS	, 301 W. PRE	STO	STREET,		RE 1, MARY	LAND	
	61170							UO	UUO	
PLACE OF DEATH COUNTY Prince		MARY	LAND	o. Haryl		CE (Whare dag		nstitution: Residen		admission)
	if outside corporata limits, I give nearest town)	c. LENGTH OF STA	AY IN 1b			f outside corpo	rata limits, write	RURAL and give	nearast to	wn)
	TAL OR INSTITUTION (if no	ral Hospital	ress)	d. STREET AD		th Ave.	,			A FARM?
NAME OF	First	Middle		Last		4. DATE	Month	Day	Yas	r
DECEASED (Typa or print)	Peter		y	Vanders		OF DEATH	May	5	19	51
Male Male		MARRIED NEVER MARRIE		1-26-1886		9.	AGE (In years last birthdey)	IF UNDER 1 YEAR Months Days	IF UNDE Hours	R 24 HRS.
. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OF	RINDUSTI		(Count	ty & State, or f	oreign country)	12. CITIZEN C		COUNTRY?
FATHER'S NAME	Vanders			14. MOTHER'S M			cmanis			
WAS DECEASED EV	YER IN U.S. ARMED FORCES			INFORMANT rs. Karl		Bilze	Address		AVE	
		use per lina for (a), (b), and (c).]	14-157	1	, -	UTT		MAT V	
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Caren	m	ru 5	10	we	late		2 ms	melt-
177	DUE TO	r	-1/0		, ,		list	- /	od.	e
Conditions, if any gave rise to immed (a), stating the	iata causa	Curry								1
causa last.	(c)							WILL COM		
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE	TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART 1(a)	PERF	AUTOPSY ORMED? NO
OR CONTRIBUTING	AS UNDERLYING 2	Db. DESCRIBE HOW INJURY	OCCURE), (Enter natura of in	ury in F	Part I or Part II	of itam 18.)			
20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED Whila Not Whila at work at work		ACE OF INJURY (Hortory, street, office blo			or town)	(County)		(Stata)

5/9/1961

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Typa)

ATTENDING 22d. ADDRESS

238. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

Rock Creek Cemetery Washington, D. C.

ADDRESS | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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death.
TO FUI VR A15 (4) 15M 9/60

1 THE ROOM STATE OF THE PROPERTY CONTRACTOR OF THE STREET OF TH The same and the same and establish Establish Per . Farits Stinens-1210 SBSU Avanue NAME OF STREET OF STREET, STRE

FOR STATE HEALTH DEPT: TO DECATY MEDICAL EXAMINER. This certificale should be executed within 24 hours after death. If are easy is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X	PLACE OF DEATH O. COUNTY		e. STATE	(Where deceased lived, if Institution	Residence before admission)			
I	Prince George's	MARYLAND		Maryland P:	rince George's			
ł	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURAL e	ind give neerest town)			
1	Cheverly	D. O. A	Riverda	le				
d	d. NAME OF HOSPITAL OR INSTITUTION (it not in hos		d. STREET ADDRESS		IS RESIDENCE ON A FARM?			
1	Prince George's General	Homital	6617 6	lst Place	YES NOT			
I	3. NAME OF First	Middle	Last	4. DATE Month	Day Year			
ı	(Type or print) Ruth		Wada	OF DEATH MOST	22nd. 1961			
ł	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8	Wade	19. AGE (In years IF UNDER				
1	Female White WIDOWE	- TOE_	February 22.	1899 62 yrs. Months	Days Hours Min.			
Ì	10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR			ITIZEN OF WHAT COUNTRY?			
	done during most of working life; even if retired) Practical Nurse		Maryland		U. S. A.			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
I	James Ballard Revelle		Alice Mar	ia Dove				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesglvewerordetesofservice)		NPORMANT	Address	Part (explainment)			
1	No 214-	24-7874 Mr	s Alice W How	es, Churchton, Ma	ryland			
ľ	18. CAUSE OF DEATH [Enter only one cause per i	ine for (a), (b), end (c).]			INTERVAL BETWEEN			
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	rute congestive	heart failur	e	ONSET AND DEATH			
1	4/2 01/ DUE TO	110 = 1						
ı	1~0.1	Community Ambania and anothing hourt dispass						
ı	gave rise to immediate cause							
ı	(a), staring the underlying							
ı		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA				
1					PERFORMED?			
	200. EXTERNAL CAUSE WAS 20b. DESCR	IBE HOW INJURY OCCURED. (inter nature of Injury in Part I	or Pert II of item 18.)	112 110 401			
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.							
1			CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or lown) (Co	ounty) (State)			
ı	Hour e.m. While							
1	21. I certify that I took charge of the rem	nains described above, he	ld an Autopsy . Ir	nspection , Inquiry ,	and in my opinion			
ı	death resulted from: Natural causes	Accident . Sylic	ide . Homicide	Undetermined manner				
ı			CHIEF MEDICAL EX	AMINER	ti.			
	SIGNATURE PALMON	1 100	M.D. ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED .			
1		()	DEPUTY MEDICAL E	XAMINER X	ay 22nd. 1961			
ı	NAME (1700) JAMES I. BOYD	. M.D.	Address (Street, cit		2) 2011			
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 2	2d. LOCATION (City, town, or count	ry) (State)			
	Burid May 23 1761	triendship	1	- KIENYSHID	NA			
	23. FUNERAL DIRECTOR	2 ADDRESS	Les \$240. REC'D	BY REGISTRAR 24b. REGISTRAR'S				
	1 servard Hardery	June Course	DATE	26 '61 would d.	Trans			
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THE BUILDING ASSOCIATION AND PROPERTY AND PARTY.	STREET, WILLIAM STREET, MACHINERS BY HERE TO STREET	1	1000
CONSIDER OF DEATH	COSO MEDILAL EXAMINETS	\$1100	110 101 3
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		1 .2	

MARYLAND STATE DEPARTMENT OF HEALTH

	SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAND
6021	CERTIFICATE OF DEATH	07149
ACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed live a. STATE b. C	d, If institution: Rasidence before adm

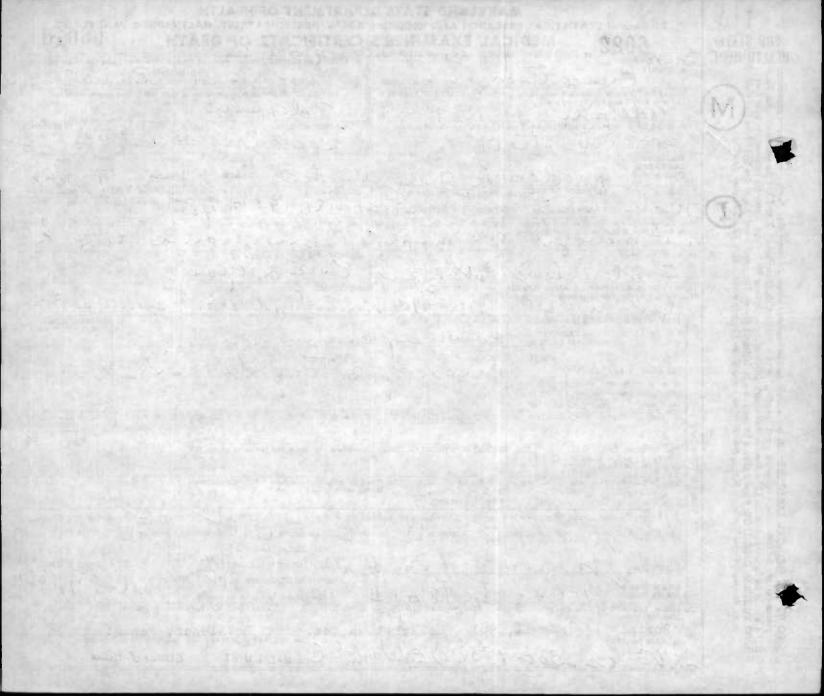
	a. COUNTY		(Where deceased lived, If in		before admission)				
	Prince Georges MARYLAND	a. STATE Maryla	nd b. COUNT		Georges				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Riverdale	c. CITY OR TOWN (If o	outside corporete limits, write	RURAL and give ne	perest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		1	. IS RESIDENCE				
			200		ON A FARM?				
	Eugene Leland Memorial	R #1 Box			YES NO				
	3. NAME OF First Middle DECEASED	Lest 4	OF Month	Dey	Yeer				
	(Type or print) CHARLES	WALLEN	DEATH May	31	19 61				
		. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR	IF UNDER 24 HRS.				
1	Male White WIDOWED DIVORCED	4-13-95	last birthday) 66 yrs.	Months Deys	Hours Min.				
1	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY?				
	done during most of working life, even if retired)	Virginia		U.S					
	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	Uet	•				
1	Richard Wallen		Parrish						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address						
	(Yes, no, or unkown) (Ifyesgive war or dates of service)	aughter - Nanc	w Richon						
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	rught of - Hallo	1 DIBHOD		RVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: (Cult Coronary Throngsons ONSET AND DEATH IMMEDIATE CAUSE (6)								
	42011 DUETO Para Material Traducia 111								
	Conditions, if eny, which	19		0 /6	acong,				
	geva rise to immediate cause	·VONT	2A/AA+1	11 7	11150/10				
	(a), stating the underlying cause lest.	(e), stelling the underlying							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19	. WAS AUTOPSY				
1	acute I heunisteris arthretis YES NO N								
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Per	it I or Part II of item 1B.)						
	Land Control of the C	CE OF INJURY (Home, ferm,	20f. (City or town)	(County)	(Stete)				
	Hour a.m. While Not While et work at work								
	21. I certify that (I) (this hospital) attended the deceased from	May 3 19	6 10 mous	1 . 196 / th	at (I) (we) last				
	21. I certify that (I) (this hospital) attended the deceased from 11 196. I, to 11 196. I, that (I) (we) last saw the deceased alive on 11 196. I, and that death occurred at 0. All from the causes and on the date stated above.								
	220. SIGNATURE 1 1 1 1	ATTENDING ME	D STAFF	711 1 10	22b. DATE SIGNED				
-0		i.u.	ECTOR PHYS.	May31	,1961				
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS			M.7				
6	L. W. Malin M.D.	4404 Queen	sbury Rd. Riv	erdale, I	Ma.				
	238. BURIAL, CREMATION, 1279 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county	(Stete)				
	Bund June 2, 1961 Langer	cem !	Sange	My	1				
	24 FUNERAL DIRECTOR'S SIGNATURE) ADDRESS	S 250, REC'D		ISTRAR'S SIGNATI	JRE				
6	Dell, The Kandley & des	IM ATE JUN	8 '61 an	Ulun S. Krace	4				

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FOR	\$1	Al	E
HEALT	H	DE	PT
TO DEFATY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an allay is necessary, Fig. 5 please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the tunbral director. Page Fig. 4 should be forwarded to file Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 roun after death.	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7		DUZZ MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	00010
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institutions R	esidence before edmission)
		o. COUNTY Crunco George MARYLAND	o. STATE D. COUNTY PA	LACO Som
10		b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out) de corporate limits, write RURAL end	laiva naaraulawa)
ı		write RURAL end give neerest town)	0.066	give neeresidown)
		adolphi Tyeur	allem	37]
A		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d-STREET ADDRESS	e. IS RESIDENCE ON A FARM?
4		2008 Ene Street	2008 Cre pered	YES NO 14
1		NAME OF First Middle	Last 4. DATE Month	Dey Yeer
		(Type or print) Incolonich (DEATH THE	7 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED LAVEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1	
1	7		base 1 (9/6 lest birthder) Months [Deys Hours Min.
1	,	VISUAL OCCUPATION (Single Manual Laboration of SUSPINESS OF MINISTER OF SUSPINESS OF S	45 yrs.	
4	dor	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	a		o l'enneglement	٦. ٥. ٩
ß	13.	FATHER'S NAME	14. MOTHER'S, MAIDEN NAME	
	10	Froderick (Mess)	Else & gron	
			NFORMANT Address	
	(Yes	s, no, or unkown) (Ifyesgivewerordeleodsfervice) 196-03 = 7984 h	- 18 x Vision () color 1	ve ex the
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	on or competition, with	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	~ - 0	ONSET AND DEATH
		IMMEDIATE CAUSE (e)	occlusion	
		420.1 DUE TO		
		Conditions, if eny, which \ (b) Conormaly	arlen desert	
		geve rise to immediate cause (e), stating the underlying DUE TO		THE STATE OF
		cause lest. (c)		
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	ATI			PERFORMED?
-	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	inter neture of injury in Pert I or Pert II of item 18.)	1.00
1	ERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
			CE OF INJURY (Home, ferm, 20f. (City or town) (Coun	
	MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	nty) (Stete)
	ME	p.m. 19 et work et work		
		21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection Inquiry	and in my opinion
1		death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined manner	
2			CHIEF MEDICAL EXAMINER	
		ACTUAL ON ON 9. 1 Zon	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE	DEPUTY MEDICAL EXAMINER	2 , 461
		EXAMINER'S' NAME (Type) / JAMES T. ROUGE	Address (Street, city, town, or county)	an ////
	22e.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME ERY OR		(Stete)
		REMOVAL (Specify)		
	23	Burial May 11, 1961 Hellersto	DWN Cem. Bethlehem, Penns	
	- (Flund 300 4 destal Elala	1 F) A	
	0	1W - xels , 300-1-51, 1/2.00 a	4. 61 arily 8. 1	Track



DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 8,11 & 11 Film G287 5/22/61 mh 1. PLACE OF DEATH e. COUNTY c. CITY OR TOWN (If octside corporata limits, write RURAL end give neerest town) 2 CWINTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRES . IS RESIDENCE ON A FARM? YES NO / NAME OF DECEASED OF (Type or print) DEATH 19601 carbon 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR lest birthday) Months Days IF UNDER 24 HRS. .. MARRIED and Months Days Hours WIDOWED physician 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, avan if ratired) HUUSELUIFE Clinton. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Holliday 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) [(If yes giva we ror detas of sarvica) JOSEPH WILKES - SON-CWINTON, OLD.
INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: 15 MIN IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS gave risa to immadiata causa DUE TO (e), stating the undarlying ERIOSCHEROTIE-CARDIO-VASEULAR DISEASE 2+ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTIN 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stete) factory, street office bldg 22b. DATE ATTENDING SIGNED DIRECTOR T PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S BRANCH AVE. CLINTON 23e. BURIAL, CREMATION, | 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) à di 0 CEM. ARLINGTON, VIRGINIA BURLAL 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60

ENGLY THE RESERVE OF THE PARTY OF THE MODEL CHILDREN THE THE PROPERTY OF THE PROPERT CLINTON TO SEE SEE SEE SEEN IN BOUTHERS KARLIAND NESDICEURED 112 BUT BUT 122 BUT THE STANKES THE STANKES Le Service Ser A 2 A CONTRACTOR SEVERE HOLD STATE OF THE THE SHARES PORK RESERVERY FAILURES CERERAL THROW RESIDENCE PROPERTY ASTECHOSHED THE SANDIBULE CLEAR WITHER STREET A CON 31121 3000 3000 3160V ALTERNATION OF THE STATE OF THE Celling steeres of the second 弁だけとうに ごみな モス うくいりひ。 むとりがくり ガンニー こうら グレデンス・スプ THE CONTROL OF THE CASE OF THE CONTROL OF THE CONTROL OF THE CASE E PRINCIPAL CONTRACTORS OF

s attending physician and completely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should byar, and in any event, within 72 hours after death. hin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospital dept. The law requires that the death certificate be execute OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, CERTIFICATE	OF DEATH	N STREET, BALTIMOR	RE 1, MARYLAND
LARGE OF DEATH 024	Item 7 Film G288	5/26/61 mh		00012
e. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, If it b. COUN	nstitution: Residence before admission
Prince George	MARYLAND	Maryland	Prince Georg	
b, CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	RURAL and give nearest town)
write RURAL and give nearest town) Cheverly	25 Days	Collec	no Powle	フゥ
d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRESS	ge Park	a. IS RESIDENCE
				ON A FARM
Prince George Genera		9066 Baltin	nore Bulvd. Month	YES NO X
DECEASED	Middle	Lasi	OF	Day Yeer
(Type or print) Clarence	Leroy	Wood	DEATH May 2	
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER ARRIED B		9. AGE (In years lest birthday)	
	VIDOWED VIVORCED	5-7-86	75 vrs.	Months Deys Hours Min.
Da. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
dona during most of working life, aven if retired) Retired	T	Califor		USA
IS. FATHER'S NAME	Insurance	14. MOTHER'S MAIDEN		USA
			nown	
Unknown		·	THOWH	
 WAS DECEASED EVER IN U.S. ARMED FORCE: (Yas, no, or unkown) (Ifyesgive wer or detes of serv.) 		NFORMANT	Address	
(las, no, or unkown) (hyesgive weror deles orserv	r.	dward P Woo	d Hyattsvil	la Ma
18. CAUSE OF DEATH [Enter only one ce		u,, az u = 1,00	d mydetsvil	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (e)	Shock			
DUE TO				
Conditions, if any, which (b)	Uremia			
gava rise to immediate cause				
(a), steting the underlying course lest.	Adenocarcinoma of	the Prostat	te Galand.	STATE OF THE PARTY OF
				EN IN PART 1(e) 19. WAS AUTOPSY
<u> </u>				PEREORMED?
PART II. OTHER SIGNIFICANT CONDITIO				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURED.	. (Entar neture of injury in	Pert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, fer		(County) (Stete)
Hour a.m.	While Not While fects	ory, street, office bldg., et	c.)	/
		11.13	6/ 5/00/	
21. I certify that (I) (this hospital	attended the deceased from	T/43		e./, 19, that (I) (we) la
saw the deceased alive on 5	20 19 and that	death occured at.3	25P from the causes	and on the date stated above
22a. SIGN (SUPE)		1	/	22b. DATE
I lest the	une "	D. PHYS.	MED. STAFF	SIGN
22c, PHYSICIAN'S 1.11 7	-t."	224. ADDRESS	2 1	MI
NAME (Type) W.L.	11ENNE	Coll	ege fors,	1/4 3/22/
238. BURIAL, CREMATION, 236. DATE THEREO			23d. LOCATION (City, fow	on or county) (State)
Burial Specify) May 24, 1	961 Arlington Na	ational	Arlington	Virginia
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REG	
F. Gasch's Sons	Hyro44	DATEM	AY 24 '61 a	21 - 0 40
- Casen 5 -ons	Hyattsville Md	IDAILA	nizy vi i Ch	Ilma & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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Charles John John John John	FREIME	777	
All par Armary Police		e company	
	b. aily juct	er. Gason's bons	

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH velay is necessary, interal director. Page ned for your files. a. COUNTY b. COUNTY MARYLAND ruce b. CITY OR TOWN (if outside corporate limits & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) rite RIGRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. e. IS RESIDENCE ON A FARM? State YES NO death. end 3 to the fun NAME OF First Middla DAT Month Dev DECEASED OF with the (Type or print) DEATH 19 ma 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with NEVER MARRIED last birthday) Months Days Hours should be executed within 24 hours after dgg" in pencil in Item 18. Give Pages 1, 2, and is Office along with form PM3. Page 5 ma a burial-trensit permit, file pages 1 and 2 v DIVORCED WIDOWED IDa. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **EXAMINER:** This certificate should be DUE TO Conditions. if any, which (b) gave rise to immediate cause m DUE TO (a), stating the undarlying Medical Examiner cause last. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection V Inquiry and in my opinion death resulted from: Suicide Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 9589 22e. BURIAL, CREMATION, 22b. DATE THEREOF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or country) NAME OF (State) D Z40 244 REGISTRAR SIGNATURE 4a. REC'D BY REGISTIAR I VS. A15ME 5M 7/59 5 '61

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6026

CERTIFICATE OF DEATH

Reg. Dist. No.	1.	10	11	9	
Reg. Dist. No.	П	D	17.	1	1

	O (2 75 17		OBINITION	TIE OI DEA		100	Reg. Di	st. No.	UO	114
PLACE OF DEATH O. COUNTY	Pr. Georg	e's	MARYLAND	2. USUAL RESIDENCE (a. STATE Mar	where deceased yland	l lived. If institution b. COUNTY		G e		ion)
b. CITY OR TOWN (RURAL and give n A QUAS			ength of stay in 16	Aquas C		rote limits, write RI	URAL ond	give neo	rest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street addre	ss)	d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fin Ne	llie	Middle Hohing	Lost Young	4. DATE OF DEATH	Mon M &		22,		Year 19 61
5. SEX			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER			
Female	White	WIDOWED [DIVORCED	Aug. 12,	1885	last birthday) 75 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired)	lane 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (See	ote or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTI
Housewi	•	Own	Home	Maryl	and		U	. S	. A	•
13. FATHER'S NAME				14. MOTHER'S MAIDER	NAME				1000	7 7
Otto Ho				Anna El	izabet		0		E.C.	
15. WAS DECEASED EVE [Yes. no. or unknown]	R IN U. S. ARMED FOR		AL SECURITY NO. 17.	NFORMANT		Addr			35.0	
No				Raymond E.	Young	Aq	uasc	0,	Md.	
Canditions, if a gove rise ta course (a), stoling lying cause lost. PART M. OT PART M. OT 20a. ACCIDENT M. OR CONTRIBUTION										
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour or m. p. m. 19 20d. INJURY OCCURRED White Nor white of work of the work of the process of										
21. I certify the alive an	latended the	deceased fr , 196/ M. A		n occurred of 6.33		- /			te state	
220. BURIAL, CREMATIC REMOVAL ISpecify BUT1 & I	DN, 226. DATE THEREO		t. Mary's			ION (City, tawn, a	or county)	Md	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	The sale	ADDRESS Upper Mar	24a. RI	EC'D BY REGISTI	RAR 24b. REGIS	TRAR'S SI			

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled moby the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hays after death. ined by the hospital or attending physician. TO FUNERA

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6027

CERTIFICATE OF DEATH

١	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before a county 5. COUNTY 6. STATE 7. COUNTY 6. COUNTY									
A	Prince Georges MARYLAND	e. STATE D.C.								
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	d give neerest town)								
e,	Glenn Dale (RURAL) 1 mo.,12 da	d, STREET ADDRESS	ington	1 e. IS RESIDENCE						
1	Glenn Dale Hospital		ON A FARM?							
	3. NAME OF First Middle	Last	Columbia Rd., N.W.	Dey Yeer						
	(Type or print) Guy	Yowell	OF DEATH May	10 1961						
	5. SEX 6. COLOR OR RACE 7. TATA OF PLACE AND REPORT 8.	DATE OF BIRTH	9. AGE (In yeers IF UNDER							
	Male White WIDOWED X SOCKED X	4/19/92	last birthdey) Months	Deys Hours Min.						
Ì	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	., .,	nty & State, or foreign country) 12. Cli	TIZEN OF WHAT COUNTRY?						
	done during most of working life, even if retired) Carpenter (Retired) -	Madison	S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME							
	Robert H. Yowell									
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address									
	(Yes, no, or unkown) (Ifyesgive werordeles of service) Yes? Decedent									
	18. CAUSE OF DEATH [Enter only one ceuse per line (a), (b), a a (c),	ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute peritonitis and shock due to perforated									
	541 DUE TO duodenal ulcer									
7	Conditions, if any, which \ (b) Duodenal ulcers									
	gave rise to immediate cause									
ř	(e), steting the underlying couse lest.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO									
d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Chronic obstructive emphysema, duration unknown 20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH (IF EITHER, NOTIFEY MEDICAL EXAMINER)									
4	Chronic obstructive emphysema, duration unknown YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II of Idem 18.)									
	OR CONTRIBUTING CAUSE OF DEATH									
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) 4 et work et work et work										
	21. I certify that (I) (this hospital) attended the deceased from March 28 19 1, to May 10 1961, that (I) (we) last									
	saw the deceased alive on May 10 19.61, and that death occured at P.M., from the causes and on the date stated above.									
	22e. SIGNATURE	doubli occaroa ai	with the cases and on	22b, DATE						
	Myl Wess M.	D. PHYS.	MED. STAFF DIRECTOR A PHYS.	5/10/61						
	22c. PHYSICIAN'S NAME (Type) Moe Weiss	Glenn Ds	ale Hospital, Glenr	Dale Md.						
	236. BURIAL, APA 136 236. DATE THEREOF 236. NAME OF CEMETERY C		23d. LOCATION (City, town or coun							
	nR6MQVAIr (Specify)									
	S/6/ Fort Lincol	n Cemetery	Prince George:	s Co., Md.						
	S. H. HINES CO. 2901-14 T. ST. N.	W. U.C DATE	Wills of Cryma S	1. / Clause						

3.143311 September America Brown Si. . He A NOW MAN SERVICE AND COL MARKET N (Dominon) - monogram Ligorof de gricous \$ 1 2 V S PRODER LONDON Alge Wear BEZEN BOLL THE Home work Hospivit, Henn sign. B. .T., .CV Eler Discoular Complete Prince Scott 175 Election HINES CO 290-4" STALL DE MATERIE EN EN ELLE